**University of St. Andrews**

**Report of an Accident, Dangerous Occurrence or Near Miss**

**Details of the Person Injured or Involved in the Accident, Dangerous Occurrence or Near Miss**

Full Name of Person

involved in incident,

Address plus Age

Post Code

**And Telephone** Sex (M or F)

**Number**

**School / Unit**

School

**Occupation of Injured Person or Status if not an Employee (e.g. Resident, Visitor)**

**Time of Incident**

**Date of Incident**

**Time of Incident**

**Nature of Injury or**

**incident** (e.g. Broken

arm, bruising or fire)

**Management** No Action takenFirst Aid OnlyAdvised to see Doctor

(Please tick appropriate Ambulance Called Casualty Taken Admitted to Hospital for

boxes) to Hospital more than 24 Hours

Other (please state actions)

**Account of Accident, Dangerous Occurrence or Near Miss**

Describe what happened, where and how. In the case of an accident, state what the injured person was doing at the time.

**Witnesses**

(Please give names, address and occupation)

In the event of the casualty being absent from normal duties, please fill in the date of the first absence and date of return to work

Date off work Date of Return to Work

Not yet returned from Work Returned to work on full duties Returned to work on modified duties

(if YES, attach details on separate page)

**Remedial Action Taken (to be completed by the School / Unit)**

**(Note:** All incidents, other than minor incidents, will require a full accident investigation form to be completed),

**Name of person making report** ...................................... **Signature** ...................................... **Date** ……………………

**Name of Safety Co-ordinator (or Depute)** ................................. **Signature** ..................................... **Date** ……………………

**Name of Safety Co-ordinator (or Depute) for at workplace if different from above**

**Name of Safety Co-ordinator** ..................................... **Signature** ..................................... **Date** ……………………

**To Be Completed by EHSS**

Environmental, Health and Safety Services July 2013

**Date Action Completed**

**NO**

**YES**

**Accident Investigation required**