ACCIDENT/INCIDENT REPORT FORM

**Name:** …………………………………………………………….. **Staff** □ **Student** □ **Other** □ **Visitor □**

**Society:** ………………………………………………………………………………………..…………………………………………………..

**Date & Time of Alleged Accident:** ……………………………………………………………………………………………………………

**Place/Building Name:** ………………………………………………………………………………………………………………………………

**Grade of Accident: Minor** □ **Moderate** □ **Severe** □

**Brief Particulars:** …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

(Continue overleaf if necessary)

**Nature of Injury:** ……………………………………………………………………………………………………………………………………….

(If to limb or eye, state whether left or right) …………………………………………………………………………………………….

# What action was taken to treat or minimize injury or damage?

…………………………………………………………………….……………………………………………….……………………………………………

**By whom was this action taken? E.g Society First Aider/General Services First Aider/A&E Dept/Other**

**……………………………………………………………………………………………………………………………………………………………..**

**Did the injured party require an ambulance or lose consciousness?**

…………………………………………………………………………………………………………………………………………………………………..

Please state the names & addresses of any witnesses:

**(1)** …………………………………………………………………………………………………..............................................................

**(2)** …………………………………………………………………………………………………..............................................................

**Are you satisfied that an accident occurred at the time, date and place stated? Yes □ No □ N/A □**

**Was the person authorized to be in that place at that time for the purpose of his/her work? Yes** □ **No** □ **N/A □**

**What was the person doing at the time of the accident?** ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

# Was this something authorized or permitted to be done? Yes □ No □ N/A □

**Was time taken off work/college as a result of this accident/incident? …….………………………………………………………. If so, how many days? ………………………………………………………………………………………………………**

**To whom was the accident reported?** ……………………………………………………………………………………………………

**When was it first reported?** …………………………………………………………………………………………………………………….

**Signed:** …………………………………………………….. **Date:** …………………………………………………………

\*Minor = Onsite treatment; Moderate = First aid and referred for medical attention; Severe = ambulance called.

Print Name: ………………………………………………… Contact No: ……………………………………..