This form is to be used to notify Safety Services of an accident, near miss or incident at work (an ‘event’). All mandatory fields (marked \*) must be completed.

Completed forms should be sent immediately to: **Safety Services, Simon Building, Brunswick St, The University of Manchester, Manchester M13 9PL.** Or via email to: [safetyservices@manchester.ac.uk](mailto:safetyservices@manchester.ac.uk)

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| **WHAT IS BEING REPORTED?** | | | | |
| Accident (event involving injury to a person)  Near Miss (person narrowly missed being injured)  Incident (event involving no personal injury) | | | | |
| **EVENT DETAILS** | | | | |
| **\*Date of Event:** | | | **\*Time (24hr clock):** | |
| **\*Building/Location:** | | | **Room No:** | |
| **School/Admin Department where event took place:** | | | | |
| **INJURED or NEAR MISS PERSON DETAILS**  *NB: At least one form of contact information must be provided (e.g. telephone or email address)* | | | | |
| **Employment status:**  Staff  Student  Visitor  Contractor  Other (specify): | | | | |
| **First name:** | **Surname:** | | **Staff/Student ID No:** | |
| **Job Role:** | | | **Line Manager/Supervisor:** | |
| **Tel No:** | | | **Email:** | |
| **Faculty/Directorate/Institute:** | | **School/Department/Division:** | | |
| \***Description of event:** *Please describe what happened as accurately as you can, starting with what work activity was being undertaken at the time.* | | | | |
| **Nature & extent of any injury/damage:** *Please indicate the type of injury (e.g. fractured right ankle; cut to left index finger; no injury) or damage (e.g. broken window; equipment destroyed; no damage) as accurately as possible.* | | | | |
| **\*Level of treatment given:**  Hospital  Paramedics  Walk in centre  GP  First aider  Self treatment  Not known  None | | | **\*Time off work due to injury?**  Yes  No | **Date absent from:** |
| **Date returned to work:** *If known* |
| **Nature of treatment given and by whom:** *If applicable, please indicate what treatment was provided. If this was given by a University first aider, please indicate who this was.* | | | | |
| **DETAILS OF PERSON MAKING REPORT** | | | | |
| \*Name: | | | \*Job title: | |
| \*Email: | | | \*Tel No: | |
| \*School/Admin Department: | | | | |