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

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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:  |