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: [safetyservices@manchester.ac.uk](mailto:safetyservices@manchester.ac.uk).Or via post to: **Safety Services, Simon Building, Brunswick St, The University of Manchester, Manchester M13 9PL**

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| **WHAT IS BEING REPORTED?** | | | | |
| Accident (you, or someone else, have been injured and the name and contact details are known)  Near Miss (you, or someone else, were nearly injured and the name and contact details are known)  Incident (no one was injured or nearly injured) | | | | |
| **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: | | | | |