ACCIDENT / INCIDENT REPORT FORM

An accident form must be completed in the event of ALL accidents, incidents and "near-misses".

A departmental representative must countersign the form and forward the original copy IMMEDIATELY to SAFETY SERVICES, a copy to be retained by the department (Institute, School etc.)

Dept. form number

Person Involved

Title | First name | Second name

Home / Residence Address

Departmental Address

Phone No.

Dept. phone No.

Male / Female

Age

Job title

Status: UCL Staff ☐ UCL undergraduate student ☐ UCL graduate student ☐ Contractor ☐ Visitor ☐

Where did the accident/incident happen? (building, floor, room)

When did accident happen? Date

Time

Details of the accident/incident

continue over page if necessary

Nature of any injuries involved:

continue over page if necessary

Did person lose consciousness?

Was person able to return to work immediately after treatment?

Indicate Treatment received

None	First aid in Dept.	A&E at hospital	Own G.P.	Admitted to hospital

Witness details: Name and address (Departmental or home) Phone No.

Name of Dept. supervisor or manager in attendance (if applicable)

Name and signature of Departmental Safety Officer

Safety Services use only

Date received	Signature	Investigating ASO	SS Form No.

Details of the accident/incident (continued):

Nature of any injuries involved (continued):