

DIT INCIDENT REPORT FORM

All incidents resulting in personal injury, damage to property, dangerous occurrences, or near misses, must be reported within 24 hours by completing this form.

In the case of a serious incident the DIT Health & Safety Officer can be contacted on 086 389 1080 Or 4024192.

ALL sections are to be completed and signatures obtained and when complete, please send to: Health & Safety Office, DIT, 40-45 Mountjoy Square, Dublin 1



1. General Information

Date of incident: _____ Time of incident: _____

Exact location of incident: (give building & room number) _____

2. Details of Injured Person (where applicable)

Name: _____ Sex (M/F): _____ Date of Birth: _____

Address: _____

Contact No: _____ Nationality: IRISH EU NON EU

Staff Post Grad. Student Student/ Apprentice Visitor Contractor Other

DIT Department / Course: _____

3. Incident Details

When was incident first reported? _____

To whom was it reported to? (name & job title) _____

Did the injured person cease work immediately? (Y/N) _____ If no, when did work cease? _____

Description of injury / incident (including preceding events):

Task being done at the time of incident: _____

Details of tools/machinery/ PPE or equipment required to perform the task: _____

Were they being used? (Y/N) _____ If so, please specify the type & condition: _____

4. Injury / Illness Details

Describe HOW the person was injured: _____

What type of injury was sustained? _____

(e.g. cut, burn, sprain/strain)

What part(s) of body were injured (specify left or right side)? _____

What first aid was given? _____

First Aider: _____ Contact No. _____

(name & job title)

Returned to work Sent to DIT Health Centre Sent to Hospital by Ambulance Sent to Hospital by Taxi
 Sent to GP Sent home Other _____

Witness to incident: (name & job title) _____ Contact No. _____

5. Corrective Action / Prevention (What action has/will be taken to prevent further incidents occurring)

Short term plan: _____ Person Responsible: _____

Long term plan: _____ Person Responsible: _____

6.

Signature of Person Completing Form: _____ Date: _____

Date Received by Health & Safety Office: _____ Reference No. _____