ACCIDENT AND INCIDENT REPORT FORM

(QM_OHSD_GA005_October 2012)

Ref Number: Safety Dept. use	**CONFIDENTIAL:** The data on this form will be used for accident investigation Only and is collected in accordance with the Queen Mary Data Protection Policy.

NOTE: All major injuries and incidents **MUST** be reported to the Occupational Health and Safety Directorate **immediately on 8966/8700**

Details of injured person or incident/near miss

Academics staff ☐	Technical staff ☐	Under graduate ☐	Young Person (<18) ☐
Administrative staff ☐	Ancillary staff ☐	Postgraduate ☐	
Agency staff ☐	Contractor ☐	Visitor ☐	

Name:	
Gender: *Male* ☐ *Female* ☐	
Campus:	School /Institute/Department:
Extension number:	Manager / Supervisor:
Email address:	

What Happened?

Date and time of occurrence:			
Location:	Building:	Floor:	Room number:
Eye witnesses Yes ☐ No ☐ Name(s): Contact detail(s):			

Name of person reporting accident / incident / near miss

Surname:	Forename:	☐ Please tick box if you are a College First Aider
Contact Address	Contact Telephone Number(s)	

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Summary of the accident

Please describe what happened or what was seen in as much detail as possible.

Summary of incident / near miss

Please describe what happened or what was seen in as much detail as possible.

Medical treatment:

None ☐ GP seen ☐

First Aid ☐ Accident and Emergency Attended ☐ Ambulance Called ☐

Same day return to work: Yes ☐ No ☐

Has the accident /near miss been reported to the Departmental/School/Institute Safety Coordinator and Line Manager?

Yes ☐ No ☐

If **no**, please report the accident / near miss as soon as possible to S/I/D Safety Coordinator and Line Manager.

Please return this form to Occupational Health and Safety Directorate, Queen Mary, University of London, Mile End Road, London E1 4NS or email completed form to hs-helpdesk@qmul.ac.uk