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| --- | --- | --- | --- |
| Safety Office Ref No. |  | [Mandatory Departmental Ref No](http://www.safety.admin.cam.ac.uk/files/accids_guidance.pdf). |  |

**UNIVERSITY OF CAMBRIDGE**

**ACCIDENT, DANGEROUS OCCURRENCE AND INCIDENT REPORT FORM**

|  |  |  |
| --- | --- | --- |
| **This form is in 2 parts**  **See the following websites for further information** | | |
| [Guidance Notes](http://www.safety.admin.cam.ac.uk/files/accids_guidance.pdf) | [FAQs](http://www.safety.admin.cam.ac.uk/subjects/accidents-incidents/frequently-asked-questions) | [Accident/Incident Leaflets](http://www.safety.admin.cam.ac.uk/subjects/accidents-incidents/publications) |

**PART A** [***Person initiating report***](http://www.safety.admin.cam.ac.uk/files/accids_guidance.pdf)***. Please*** [***fully complete***](http://www.safety.admin.cam.ac.uk/files/accids_guidance.pdf) ***sections 1-3 of Part A***

**1.** [**Place, date and time of Incident**](http://www.admin.cam.ac.uk/cam-only/offices/safety/accidents/forms.html)

|  |  |  |  |
| --- | --- | --- | --- |
| **1a. Reporting Dept** | Engineering, Department of | | **1g. Type of room and exact location where incident occurred**  Room type: Choose an item.  Exact location (+room number if known):  Click here to enter text.  Please provide a sketch plan on a separate page if appropriate. |
| **1b. Site** | Other (give postal address) | |
| **1c.** **[Postal address](#guidance5" \o "A full address is required, including the postcode.)** | Click here to enter text. | |
| **1d. Time/Date of Incident** | hh:mm | Click here to enter a date. |
| **1e. Name of Senior Staff responsible for the area** | Click here to enter text. | | **1h. State IP’s usual place of work and / or home department if different from above:**  Choose an item.  Click here to enter text. |
| **1f. Reporter’s name (if not covered below)** | Click here to enter text. | |

**2. Injured person or person directly involved with incident**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full Name** |  | **Age** | Click here to enter text. | | **Gender** | Choose an item. |
| [**Home Address**](file:///C:\Users\ag727\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\GI7VSIWA\c\o#guidance5) | Click here to enter text. | | | | | |
| **Post Code** | Click here to enter text. | **Tel. No** | | Click here to enter text. | | |
| **Supervisor/Manager** | |  | | | | |

|  |  |
| --- | --- |
| **Occupation** (select from below) | **Further details of IP’s occupation & supervisor / manager (if required):** |
| Choose an item. | Click here to enter text. |

**3. Incident details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3a. Nature of injury/harm** *(Please select appropriate boxes)* | | | | | | | |
| Fracture |  |  | Cut |  |  | Infectious material |  |
| Permanent loss / reduction of sight |  |  | Bruise |  |  | Electric shock |  |
| Burn |  |  | Sprain |  |  | Illness (work-related) |  |
| Unconsciousness |  |  | Strain |  |  | Radioactive contamination |  |
| Amputation |  |  | Foreign body/splash/splinter |  |  | [Health condition](http://www.admin.cam.ac.uk/cam-only/offices/safety/accidents/forms.html) |  |
| Hypothermia |  |  | Bite |  |  | Other |  |
| Needlestick |  |  | Sting |  |  |  |  |
| Scratch |  |  | Allergic reaction |  |  | **None** |  |

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| **[Further information on incident](#guidance3a" \o "If there is not sufficient space on the form and you wish to supply extra information, please attach extra sheets.)** |  |

**PART A Section 3 CONTINUED**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3b. Area of body affected** *(Please select appropriate boxes)* | | | | | | | | | |
| **None** | | | | | | | | | |
|  | Left | Right |  |  | Left | Right |  |  |  |
| Eye |  |  |  | Arm |  |  |  | Head |  |
| Ear |  |  |  | Wrist |  |  |  | Toe |  |
| Leg |  |  |  | Hand |  |  |  | Finger |  |
| Main body |  |  |  | Foot |  |  |  | Other |  |
|  |  |  |  | Ankle |  |  |  |  |  |
| [Further details:](#guidance3b" \o "If there is not sufficient space on the form and you wish to supply extra information, please attach extra sheets.) | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3c. Treatment** | | | | |
| Treatment given/action taken; Paramedic attended? Visited Occupational Health/ College Nurse etc? | | | | |
| First aider attended (Name: ) |  |  | IP sent to Hospital |  |
| First aider not called |  |  | IP advised to see GP/visited GP |  |
| First aider not available |  |  | No injury incident |  |

|  |
| --- |
| **3d.** **[Use the space below to describe the incident (and provide a sketch if appropriate)](#guidance7" \o "Summary only. Provide further information on extra sheets as necessary.)** |
|  |

|  |
| --- |
| **3e. Name (and contact details) of any witnesses** |
| Click here to enter text. |

**PART A IS NOW COMPLETE. If PART A is completed by an individual involved or first aider please pass form on to DSO or supervisor/manager as per departmental system to complete PART B.**

|  |  |  |  |
| --- | --- | --- | --- |
| Safety Office Ref No. |  | [Unique Departmental Ref No](http://www.safety.admin.cam.ac.uk/files/accids_guidance.pdf). | Click here to enter text. |

**PART B** [***DSO to ensure completion of Part B. The form can be filled in by the DSO and/or any of the following with managerial responsibility: Departmental Administrator, Head of Department, PhD Supervisor, Line Manager, Laboratory Manager.***](http://www.safety.admin.cam.ac.uk/files/accids_guidance.pdf)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **4a. More details about incident** | | | | | | | |
| Slip, trip, fall on same level |  |  | Poisoning/infection |  |  | Hand tools |  |
| Falls on stairs |  |  | Animals |  |  | Hot/cold contact |  |
| Fall from height |  |  | Electricity |  |  | Sports |  |
| Machinery (moving parts) |  |  | Explosions |  |  | Traffic |  |
| Striking against object |  |  | Fire |  |  | Illness (work-related) |  |
| Struck by object |  |  | Handling |  |  | No injury incident |  |
| Unintentional & significant release of hazardous substance to **drain** |  |  | Unintentional & significant release of hazardous substance to **air** |  |  | Unintentional & significant release of hazardous substance to **land** |  |
| [Contained releases](#guidance6)/spillages |  |  | Glass/sharps |  |  | Other (please specify below) |  |

|  |
| --- |
| **4b.** **Additional details for question 4a** |
| Click here to enter text. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **4c. Protective measures in use** | | | | | | | |
| **Not applicable** |  |  | | | | | |
| Fume cupboard |  |  | Guarding |  |  | [Gloves](#guidance6) (state type in 4d) |  |
| Microbiological safety cabinet |  |  | Face mask (state type in 4d) |  |  | Other |  |
| [Protective eyewear](#guidance6" \o "Goggles, face shield, safety spectacles, etc.) (state type in 4d) |  |  | Lab. Coat (state type in 4d) |  |  |  |  |

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| **4d.** **Additional details for question 4c** |
| Click here to enter text. |

|  |  |
| --- | --- |
| **5a.** **Is there a risk assessment for the activity involved?** |  |
| **5b. Has training been given for the activity involved?** |  |
| **5c. Has an investigation been conducted (including risk assessment review)?** |  |
| **5d. Has a copy of the investigation report been sent to SO**  **(DO NOT DELAY reporting to SO if investigation will be protracted)** |  |

|  |
| --- |
| **5e.** [**What action has been taken to prevent recurrence / make safe? If none, state reason**](http://www.safety.admin.cam.ac.uk/files/accids_guidance.pdf) |
|  |

|  |
| --- |
| **5f.** [**Supervisor / Manager comments on incident follow-up. If none, state reason**](http://www.safety.admin.cam.ac.uk/files/accids_guidance.pdf) |
| Click here to enter text. |

**PART B CONTINUED**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5g. Factors** | | | | | | | |
| Faulty / substandard equipment |  |  | Failure to observe procedures |  |  | [Environmental factors](http://www.admin.cam.ac.uk/cam-only/offices/safety/accidents/forms.html) |  |
| Faulty / substandard / unsafe conditions |  |  | Personal or job factors |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5h. Likelihood of repeat** | | | | | | | |
| Frequent |  |  | Occasional |  |  | Rare |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5i. Injury follow-up** | | | | | | | |
| Ambulance / Paramedic called |  |  | First Aid |  |  | GP visit |  |
| Occupational Health |  |  | Hospital in-patient |  |  | Hospital out-patient |  |
| College Nurse |  |  | None / not applicable |  |  |  |  |

|  |  |
| --- | --- |
| **5j.** [**Number of days IP absent or unable to do their normal work**](http://www.safety.admin.cam.ac.uk/files/accids_guidance.pdf) | Choose an item. |

|  |  |
| --- | --- |
| **6a. Name of Departmental Safety Officer (DSO)**  **(or designated person)** |  |
| **6b. Email address** |  |
| **6c. Telephone number** |  |
| **6d. If reported to EM, Helpdesk Incident Number** | Click here to enter text. |

|  |  |
| --- | --- |
| **7.** **[Please confirm that:](http://www.safety.admin.cam.ac.uk/files/accids_guidance.pdf" \o "Confirm that you as DSO or equivalent are content that this form is complete, legible and departmental reference number is provided)** | |
| This form is complete, legible and departmental reference number is provided |  |
| Any investigation report / risk assessment is attached |  |
| The duration of absence/ inability to carry out normal duties is noted (see **5j** ) |  |

**8. PRINT a copy of this form**

**9. Sign it below**

**10. Send a COPY to:**

**University Safety Office, Greenwich House, Madingley Road, Cambridge CB3 0TX.**

**11. Keep the ORIGINAL securely in the department for at least three years (in some cases 7 or 40 years)\***

[**Signed**](http://www.safety.admin.cam.ac.uk/files/accids_guidance.pdf) **Date**

*Ensure that you have completed your details in 6a–6c*

**\* Record retention**

The original forms and related information such as photographs, statements, and correspondence should be kept securely within the department for at least three years. This also applies to Accident Book forms.

Personal injury claims can be brought for up to six years after the accident (Limitations Act) so some insurance companies advise keeping these records for at least seven years.

There are certain accidents/incidents that could result in illness developing many years later, for example, asbestos exposure. Such records must be kept for at least 40 years, in line with Control of Substances Hazardous to Health (COSHH) requirements for keeping individual health surveillance records.

Records relating to children should be kept until they reach their 21st birthday as they are able to bring a claim up to three years after reaching the age of 18.