

UNIVERSITY OF CAMBRIDGE

ACCIDENT, DANGEROUS OCCURRENCE AND INCIDENT REPORT FORM

This form is for MANUAL COMPLETION. It is in 2 parts - A and B
(There is a separate form for electronic completion if preferred)
 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. Please fully complete sections 1-3 of Part A and use the guidance provided at: http://www.safety.admin.cam.ac.uk/files/accids_guidance.pdf Please see the note on page 4 about how the information on this form is used*

1. Place, date and time of Incident

1a. Reporting Dept		1g. Type of room and exact location and incident occurred Room type*: Exact location (+room number if known): Please provide a sketch plan on a separate page if appropriate.
1b. Site*		
1c. Postal address, inc. postcode		
1d. Time/Date of Incident	:	
1e. Name of Senior Staff responsible for the area		1h. State usual place of work of IP if different from above: <input type="checkbox"/> As 1a <input type="checkbox"/> Contractor – write details below <input type="checkbox"/> Other – write details below
1f. Reporter's name (if not covered below)		

2. Injured person or person directly involved with incident

Full Name	Age	Gender
Home Address		
Post Code	Tel. No	
Supervisor/Manager		

Occupation*					
Academic staff	<input type="checkbox"/>	Portering/Custodian	<input type="checkbox"/>	Catering	<input type="checkbox"/>
Academic related staff	<input type="checkbox"/>	Farm worker	<input type="checkbox"/>	Security (<i>specify type</i>)	<input type="checkbox"/>
Contract research staff	<input type="checkbox"/>	Cleaning	<input type="checkbox"/>	Visitor (<i>specify type</i>)	<input type="checkbox"/>
Undergraduate	<input type="checkbox"/>	Technical – workshops	<input type="checkbox"/>	Outside contractor (give company/agency name)	<input type="checkbox"/>
PhD student	<input type="checkbox"/>	Technical – laboratory	<input type="checkbox"/>	Work experience (<i>specify type</i>)	<input type="checkbox"/>
MPhil student	<input type="checkbox"/>	Secretarial / Clerical	<input type="checkbox"/>	Other (<i>specify</i>)	<input type="checkbox"/>
Postdoc	<input type="checkbox"/>	Grounds / gardening	<input type="checkbox"/>		

Further details of IP's occupation & supervisor / manager (if required):

--

3. Incident details

3a. Nature of injury/harm (Please tick appropriate boxes)			
Fracture	<input type="checkbox"/>	Cut	<input type="checkbox"/>
Permanent loss / reduction of sight	<input type="checkbox"/>	Bruise	<input type="checkbox"/>
Burn	<input type="checkbox"/>	Sprain	<input type="checkbox"/>
Unconsciousness	<input type="checkbox"/>	Strain	<input type="checkbox"/>
Amputation	<input type="checkbox"/>	Foreign body/splash/splinter	<input type="checkbox"/>
Hypothermia	<input type="checkbox"/>	Bite	<input type="checkbox"/>
Needlestick	<input type="checkbox"/>	Sting	<input type="checkbox"/>
Scratch	<input type="checkbox"/>	Allergic reaction	<input type="checkbox"/>
Further information on incident²		None	<input type="checkbox"/>

3b. Area of body affected (Please tick appropriate boxes)								
							None	<input type="checkbox"/>
	Left	Right		Left	Right			
Eye	<input type="checkbox"/>	<input type="checkbox"/>	Arm	<input type="checkbox"/>	<input type="checkbox"/>	Head	<input type="checkbox"/>	
Ear	<input type="checkbox"/>	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	<input type="checkbox"/>	Toe	<input type="checkbox"/>	
Leg	<input type="checkbox"/>	<input type="checkbox"/>	Hand	<input type="checkbox"/>	<input type="checkbox"/>	Finger	<input type="checkbox"/>	
Main body	<input type="checkbox"/>	<input type="checkbox"/>	Foot	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	
			Ankle	<input type="checkbox"/>	<input type="checkbox"/>			
Further details: (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: _____)	<input type="checkbox"/>	IP sent to Hospital	<input type="checkbox"/>
First aider not called	<input type="checkbox"/>	IP advised to see GP/visited GP	<input type="checkbox"/>
First aider not available	<input type="checkbox"/>	No injury incident	<input type="checkbox"/>

3d. Use the space below to describe the incident and provide a sketch if appropriate <i>Provide further information on extra sheets if insufficient space in box below</i>

3e. Name (and contact details) of any witnesses

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.

¹ i.e. illness or injury not attributable to work or conditions

² If there is not sufficient space on the form and you wish to supply extra information, please attach extra sheets.

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.*

If the DSO is on leave or away for any reason, departments must have systems in place to ensure accident reports are completed and signed by someone else of suitable standing who has been formally designated to do so, e.g. departmental administrator, head of department.

4a. More details about incident			
Slip, trip, fall on same level	<input type="checkbox"/>	Poisoning/infection	<input type="checkbox"/>
Fall on stairs	<input type="checkbox"/>	Animals	<input type="checkbox"/>
Fall from height	<input type="checkbox"/>	Electricity	<input type="checkbox"/>
Machinery (moving parts)	<input type="checkbox"/>	Explosions	<input type="checkbox"/>
Striking against object	<input type="checkbox"/>	Fire	<input type="checkbox"/>
Struck by object	<input type="checkbox"/>	Handling	<input type="checkbox"/>
Unintentional & significant release of hazardous substance to drain	<input type="checkbox"/>	Unintentional & significant release of hazardous substance to air	<input type="checkbox"/>
Contained spillages/releases ³	<input type="checkbox"/>	Glass/sharps	<input type="checkbox"/>
		Hand tools	<input type="checkbox"/>
		Hot/cold contact	<input type="checkbox"/>
		Sports	<input type="checkbox"/>
		Traffic	<input type="checkbox"/>
		Illness (work-related)	<input type="checkbox"/>
		No injury incident	<input type="checkbox"/>
		Unintentional & significant release of hazardous substance to land	<input type="checkbox"/>
		Other (please specify below)	<input type="checkbox"/>

4b. Additional details for question 4a

4c. Protective measures in use			
Not applicable	<input type="checkbox"/>		
Fume cupboard	<input type="checkbox"/>	Guarding	<input type="checkbox"/>
Microbiological safety cabinet	<input type="checkbox"/>	Face mask (state type in 4d)	<input type="checkbox"/>
Protective eyewear ⁵ (state type in 4d)	<input type="checkbox"/>	Lab. Coat (state type in 4d)	<input type="checkbox"/>
		Gloves ⁴ (state type in 4d)	<input type="checkbox"/>
		Other	<input type="checkbox"/>

4d. Additional details for question 4c

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 ⁶

³ Release of any substance which could cause injury to any person but has not been discharged into the environment

⁴ Purple nitrile, latex, cryogenic gauntlets, etc.

⁵ Goggles, face shield, safety spectacles, etc.

⁶ Accidents/incidents should be investigated. Follow-up may include revision of RAs and / or SOPs. Reviews of reports (e.g. annually) may reveal trends, e.g. issues regarding risk assessment, training needs, IP supervision.

PART B CONTINUED**5f. Supervisor / manager comments on incident follow-up. If none, state reason⁷**

--

5g. Factors

Faulty / substandard equipment	<input type="checkbox"/>	Failure to observe procedures	<input type="checkbox"/>	Environmental factors ⁸	<input type="checkbox"/>
Faulty / substandard / unsafe conditions	<input type="checkbox"/>	Personal or job factors	<input type="checkbox"/>		

5h. Likelihood of repeat

Frequent	<input type="checkbox"/>	Occasional	<input type="checkbox"/>	Rare	<input type="checkbox"/>
----------	--------------------------	------------	--------------------------	------	--------------------------

5i. Injury follow-up

Ambulance / Paramedic attended	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	GP visit	<input type="checkbox"/>
Occupational Health	<input type="checkbox"/>	Hospital in-patient	<input type="checkbox"/>	Hospital out-patient	<input type="checkbox"/>
College Nurse	<input type="checkbox"/>	None / not applicable	<input type="checkbox"/>		

5j. Number of days IP absent or unable to do their normal work⁹ – enter a number of days

--	--

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

7. Please confirm that:

This form is complete and legible	<input type="checkbox"/>
Any investigation report / risk assessment is attached	<input type="checkbox"/>
The duration of absence/ inability to carry out normal duties is noted (see footnote 9)	<input type="checkbox"/>

How the information on this form is used

Any personal data provided on this form will be used for health and safety purposes to enable the University to meet and monitor relevant legal obligations and its duty of care to staff, students and others. The Safety Office will only enter anonymised information onto its database. The supply of full information is required; it will be handled confidentially and securely, and shared on a need-to-know basis. In some cases it is a legal requirement for the University to pass the information to the Health and Safety Executive.

The retention period of the information depends on the type of accident or incident. By default, original forms and related information such as photographs, statements, correspondence and Accident Book forms should be kept securely *within the department for at least three years*, and up to seven years. Documentation relating to accidents/incidents that could result in illness developing many years later, for example, asbestos exposure, should also be kept for at least 40 years. Documentation relating to accidents/incidents involving children should be kept until they reach their 21st birthday. Further information about the handling of personal data is published on the [University's Information Compliance website](#).

Next steps:

8. PRINT a copy of this form and 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 – see note on record retention in the Guidance Notes.

SIGNED¹⁰

Date

⁷ Manager to ensure effective control measures are in place to prevent recurrence; e.g. is new or refresher training is required? Does equipment need servicing? Are local risk assessments being followed?

⁸ e.g. poor lighting, sun in eyes, uneven flooring

⁹ The day of the accident is not counted, but weekends and bank holidays are. If absence spans over weekends or holidays, estimate whether the person would have been able to do their normal work had it been a working day. Ensure the absence is recorded in CHRIS.

¹⁰ Please remember to send a signed copy to the Safety Office. Signature is normally by the Departmental Safety Officer or other formally designated person.