

**CONFIDENTIAL**

**University of Essex and UECS**

**Health and Safety Incident Report Form**

This form must be completed for any health and safety incident involving University of Essex staff, UECS staff, students, tenants, contractors or visitors which occur on University owned or managed premises, or during the course of University/UECS organised activities (e.g. field trips). It should be used to report all first aid incidents; work or premises related accidents and ill health; acts of violence (physical and verbal abuse and threats to staff, serious incidents involving students); injuries arising from road traffic accidents whilst at work and non injury incidents that had the potential to cause harm (dangerous occurrences or “near misses”).

Please complete the form providing factual and accurate information only, then forward it confidentially to Workplace Health, Safety and Wellbeing (email: [safety@essex.ac.uk](mailto:safety@essex.ac.uk)) within **24 hours** of the incident. **Serious incidents must be reported immediately by calling the WHSW on 01206 87 2944**. Further information on the University’s health and safety incident reporting procedures can be found at [www.essex.ac.uk/health-safety/report/default](http://www.essex.ac.uk/health-safety/report/default) . The form should be completed by the affected / injured person, their representative or a witness to the incident. If a First Aider attended they should complete the First Aid details. If you need more space continue on a separate sheet, which should be attached to the form.

**About the Incident**

|  |  |
| --- | --- |
| **Name of person reporting incident:** |  |
| **Department:** |  |
| **Contact details:** (e-mail / login): |  |
| **Date Incident reported:** |  |
| **Time reported:** | am / pm |

|  |  |  |
| --- | --- | --- |
| **Date of incident:** |  | |
| **Time of Incident:** | am / pm | |
| **Precise Location:** |  | |
| **What was being done at the time of the incident:** |  | |
| **What happened:** Continue on a separate sheet if necessary. Include anything that may have contributed to the incident (e.g. icy conditions). |  | |
| **Nature of harm / ill health / damage:** |  | |
| **What happened to the injured person afterwards:** (Highlight or delete as appropriate):  Taken directly to hospital Went home Returned to work/activity Other: Specify: | | | |
| **Action taken to make the situation/environment safe:** See [www.essex.ac.uk/health-safety/report/concerns](http://www.essex.ac.uk/health-safety/report/concerns) for guidance. | | | |
| If you know the person, responsible for the activity / area where the incident occurred please give their details below: | | | |
| **Name:** | |  | |
| **Designation:** | |  | |
| **Contact:** (e-mail or extn): | |  | |

**About the person affected**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name in full:** |  | | |
| **Address**  Home / Student accommodation |  | | |
| **Contact details:** e-mail: |  | | |
| **Telephone:** |  | | |
| **Department:** |  | | |
| **Position (employee):** |  | | |
| **Age:** |  | | |
| **Gender:** |  | | |
| **Status:** (highlight ordelete as appropriate): | Employee Student (UG) Student (PG) Contractor Other (specify): | | |
| **If visitor: University contact name:** | |  | |
| **If contractor: Employer’s name:** | |  | |
| **If under 16: Name of adult responsible for their supervision:** | | | |
| **Signature of injured person** (or the responsible adult if under 16): | | |  |

**First Aid details** (Section to be completed by person that administered First Aid):

|  |  |
| --- | --- |
| **First aid provided:** | Yes / No / NA |
| **Time of attendance:** |  |
| **If Yes give details,**  **If No give reason:** |  |
| **Name of First Aider:** | **Signature:** |

**Witness details:** Give name and contact details of any witnesses below:

|  |  |
| --- | --- |
| **Name(s):** |  |
| **Contact details:** |  |

Thank you for helping the University to provide a supportive, safe and healthy work environment by reporting this incident. Please forward this form confidentially to [safety@essex.ac.uk](mailto:safety@essex.ac.uk) or **Workplace Health, Safety and Wellbeing 4S.6.2** **Colchester Campus**.

**Your privacy:** The information provided on this form and the data held on our systems is stored securely in the UK and kept in line with our retention schedules and will only be disclosed within the University to members of staff who need to know it in order to carry out their duties, e.g. the Occupational Health Service and the University Insurance Officer. Relevant information will be disclosed outside the University where it is required by law to do so. In the event of a personal injury claim, information may be disclosed to the University's Insurers. Anonymised data may also be disclosed to relevant Trade Union officials.

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**Notification** (For completion by relevant university administrator only): If known, please indicate below the relevant support teams that have been notified about this incident (Highlight or delete as appropriate):

|  |
| --- |
| *For incidents affecting staff members:*  Workplace Health, Safety and Wellbeing / Fire Safety / Security Office / Occupational Health |
| *For incidents affecting students:*  Residents Life / Student Wellbeing and Inclusivity / Student Conduct / Other (specify): |
| *For premises related issues:*  Estates Helpdesk / Other (specify): |
| **Date notified:** |