|  |  |
| --- | --- |
| **Accident and Incident Report Form****Health and Safety**Describe Accident/Incident |  |
|  |  |
| Date of accident |  |
| Time of accident |  |  |  |  |
|  |
|  |
| Name of injured person: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Prof ☐ |
|  |
| Staff / Mentor ☐ | Job Title: |  |  |
|  |
| Undergraduate Student | ☐ | Postgraduate Student | ☐ |
|  |
| School/Dept: |  |  |
|  | What treatment was required? |
| Visitor | ☐ | Contractor | ☐ | None | ☐ | First Aid | ☐ | Hospital | ☐ |
|  |  |
| Visitors and Contractors should write their address on the back of this form | What part of the body was injured? |
|  |  |  |  |
| Contact Numbers | Work |  |  |  |  | right | ☐ |
|  |  | left | ☐ |
|  | Home |  |  |  | n/a | ☐ |
|  | Email |  |  |  |  |  |
|  |  |
| Where did the accident occur? | What was the injury? (eg. fracture, bruise, laceration) |
|  |  |  |  |  |
| Location/Building: |  |  |  |  |  |
|  |  |  |  |  |  |
| Woodland / wetland: |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Name of Witness: |  |  |  |
| Telephone No: |  |  | This form will be stored on google drive for at least one year. |
|  |  |  |  |
| Name of person completing this form |  |  | Contact for project manager: - |
| Job title: |  |  | Tel: 07990853774 |
| Telephone No/Email: |  |  | Email: alex@50waystocook.com |
|  |  |  |  |