USS Ref No:

Queen's University Belfast

ACCIDENT/DANGEROUS OCCURRENCE/NEAR MISS REPORT FORM (AC1)

If there is a serious incident and completion of this form is likely to be delayed then details should be reported to the University Safety Service by telephone as soon as practicable. Ext 4681.

FORM TO BE COMPLETED IN **BLOCK CAPITALS** BY THE **SUPERVISOR/RESPONSIBLE PERSON IN CHARGE** FOLLOWING INVESTIGATION OF THE INCIDENT. *(*Delete where applicable)*

Data Protection: This form and the information it contains will be held securely by the Occupational Health and Safety Unit and will only be disclosed to those able to demonstrate a legal right to the data therein. Information will normally be held for a period of five years or in the case of relevant medical information may be held indefinitely by the University Occupational Health Physician.

SECTION 1: Details of person involved in Accident/Dangerous Occurrence/Near Miss

Title (Prof/Dr/Mr/Ms/Miss*) Full Name…… DOB……/……/……..

Home Address……

……... Post Code…….. …..

QUB Department (if applicable)……

Telephone Number : (Work)……... (Home)……...

Status : STAFF/QUB STUDENT (UNDERGRAD/POSTGRAD*)/CONTRACTOR/OFFICIAL VISITOR/MEMBER OF THE PUBLIC.*

Sex : MALE/FEMALE* Staff/Student Number(If applicable)……

Job Title or Occupation ……

SECTION 2: Details of Accident/Dangerous Occurrence/Near Miss

When did it happen ? DATE……/…../……. Time : ……AM/PM*

In which **BUILDING** did it happen?…… **DEPARTMENT**……

WHERE, in the building stated above? i.e. office, store, corridor, laboratory, lecture theatre, etc. (Please **include Room Number**)

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FULL POSTAL ADDRESS OF BUILDING……

…… **Post Code** ……

Give a **full account** of how accident/incident occurred and, if applicable, how the person was injured : ……

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(If further space is required please continue on blank page at the back of form.)

Was the work activity under **SUPERVISED** INSTRUCTION/**UNSUPERVISED** AUTHORISED PRACTICE/**UNAUTHORISED** PRACTICE ?*

Was the person **EXPERIENCED/INEXPERIENCED** ?*

To whom was the incident first reported? i.e. Supervisor/Responsible Person in Charge.

NAME …….. Date of reporting……

If applicable, give details of any **STRUCTURAL/MATERIAL DAMAGE/LOSS** sustained . ……

……

Was a PERSONAL INJURY sustained? YES/NO * (If No then go to SECTION 4).

SECTION 3 : Details of Injury Sustained

Give details of the type, severity and part(s) of body injured (i.e. Left or Right, leg, shoulder, hand, etc):

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……

Did the person require : No Treatment ☐ First Aid ☐ Medical Treatment ☐

Where was the treatment given? ……

Give details of treatment given, if known : ……

……

Who administered above treatment? …… Person's Signature……
(BLOCK CAPITALS)

Was the injured person taken directly to hospital from the scene of the accident? YES/NO*

If YES was the person detained for more than 24 hours? YES/NO/DON'T KNOW*

Is it likely that the injured person will be unable to work or will be unable to perform their normal work duties for more than 3 consecutive days (Include Saturday/Sunday and Public Holidays)? YES/NO/NOT YET DETERMINED*

SECTION 4 : WITNESS(ES) REPORT

Were there any witnesses to the incident/dangerous occurrence/near miss? YES/NO

If YES then ensure that **SECTION 4(a)** is completed, otherwise go to **SECTION 5** below.

SECTION 5 : PREVENTATIVE MEASURES

What immediate measures have or will be taken to prevent a recurrence of this type of incident? **SUPERVISOR/PERSON IN CHARGE** to give details below:

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Has the department conducted a Risk Assessment in relation to this undertaking? YES/NO

Has this been documented? YES/NO

If YES, and in the light of the above incident , does this assessment now need to be reviewed? YES/NO

Has the Departmental Accident Book been filled out as required? YES/NO

Name of Supervisor/Responsible person in Charge investigating incident and making this report :

(BLOCK CAPITALS)…… Signature……

Department…….. Date :……/……/……. Tel/ Ext. No : ……

PLEASE NOTE THAT **ALL RELEVANT SECTIONS**, WITH ACCOMPANYING SIGNATURE, SHOULD BE COMPLETED **BEFORE RETURNING** THIS FORM TO THE UNIVERSITY SAFETY SERVICE,
5a Lennoxvale, Malone Road, Belfast, BT9 5BY

SECTION 4(a) : WITNESS STATEMENTS (if applicable)

WITNESS (i)

Name : …… Occupation……

Home Address : ……

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Telephone Number : (Work) …… (Home) ……

Details :

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Witness Signature …… Date……

WITNESS (ii)

Name : …… Occupation……

Home Address : ……

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Telephone Number : (Work) …… (Home) ……

Details :

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Witness Signature …… Date……

THIS SECTION FOR UNIVERSITY SAFETY SERVICE USE ONLY

Code…… Type : WR / NWR / NMI Pics: Y / N File No……

UHS notified…… QUB Insurance office notified……

Enforcing Authority Informed…… NI2508……
(Name of EA/Date/Time/Means) (Date sent)

Date of Investigation…… Investigating S.O. Signature……