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 4613.

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				
QUB Department (if applicable)				
Telephone Number : (Work)(Homestatus : STAFF/QUB STUDENT (UNDERGRAD/POSTGRAD*)/CONTRACTO				
	applicable)			
Job Title or Occupation				
SECTION 2: Details of Accident/Dangerous Occurr	ence/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, laborate	ory, lecture theatre, etc. (Please include Room Number)			
FULL POSTAL ADDRESS OF BUILDING				
	Post Code			
Give a full account of how accident/incident occurred and, if applicate	ole, how the person was injured:			
(If further space is required please continue on blank page at the bac	k of form)			
	·			
Was the work activity under SUPERVISED INSTRUCTION/UNSUPERVISED	AUTHORISED PRACTICE/UNAUTHORISED PRACTICE ?			
Was the person EXPERIENCED/INEXPERIENCED ?*	Observe			
To whom was the incident first reported? i.e. Supervisor/Responsible Person i				
NAME	· •			
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)			
TEO/NO (II NO then go to	OLOTION TJ.			

id the person require :	No Treatment First Aid	Medical Treatment	
here was the treatment given	?		
ive details of treatment given,	if known:		
	ment?		
Was the injured person taken directly to hospital from the scene of the accident?		YES/NO*	
YES was the person detained	for more than 24 hours?	YES/NO/DON'T KNOW*	
ork duties for more than 3 con	n will be unable to work or will be unable to perform their normal asecutive days (Include Saturday/Sunday and Public Holidays)?	YES/NO/NOT YET DETERMINED*	
ECTION 4 : WITNE	SS(ES) REPORT		
ere there any witnesses to the	e incident/dangerous occurrence/near miss?	YES/NO	
YES then ensure that SECTION 5: PREVE	e incident/dangerous occurrence/near miss? ON 4(a) is completed, otherwise go to SECTION 5 below. ENTATIVE MEASURES e or will be taken to prevent a recurrence of this type of incident?		
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YES then ensure that SECTION 5 : PREVE that immediate measures have e details below: s the department conducted s this been documented?	ON 4(a) is completed, otherwise go to SECTION 5 below. ENTATIVE MEASURES e or will be taken to prevent a recurrence of this type of incident?	SUPERVISOR/PERSON IN CHARGE to	

SECTION 4(a): WITNESS STATEMENTS (if applications)	able)
WITNESS (i)	
Name:	Occupation
Home Address :	
Telephone Number : (Work)	(Home)
Details:	
Witness Signature	Date
WITNESS (ii)	
Name :	Occupation
Home Address :	
Telephone Number : (Work)	(Home)
Details:	
Witness Signature	

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 Informe	d(Name of EA/Date/Time/	(Means)	NI2508(Date sent)	
Date of Investigation			O. Signature	