This form is to be used to notify Safety Services of an accident /incident/near-miss or ill health at work (an ‘event’). All mandatory fields must be completed. Completed forms should be sent immediately to:

**Safety Services, Simon Building, Brunswick St, The University of Manchester, Manchester M13 9PL**

Or via email to [safetyservices@manchester.ac.uk](mailto:safetyservices@manchester.ac.uk)

***\* indicates mandatory information***

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| **WHAT IS BEING REPORTED?** | | | |
| Accident (event involving injury to a person)  Incident/near miss (event involving no injury or damage)  Ill health | | | Damage to property  Fire |
| **EVENT DETAILS** | | | |
| \*Date of event: | | Time (24hr clock): | |
| \*Building/location: | | Room No: | |
| School/Admin Department: | | | |
| **INJURED PERSON DETAILS**  *NB: At least one form of contact information must be provided* (e.g. telephone or email address) | | | |
| \*Status: Staff Student Visitor  Contractor Other (specify): | | | |
| \*Name: | | Staff/Student ID No: | |
| Job Title: | | Supervisor/manager: | |
| Tel No: | | Email: | |
| School/Administrative unit: | | | |
| \***DESCRIPTION OF EVENT/ ILL HEALTH** Please describe what happened as accurately as you can, starting with what work activity was being undertaken at the time. | | | |
| \***NATURE & EXTENT OF ANY INJURY/DAMAGE** Please indicate the type of injury (e.g. fractured right ankle; cut to left index finger; no injury) or damage (e.g. broken window; equipment destroyed; no damage) as accurately as possible and appropriate. | | | |
| \***TREATMENT** check all relevant boxes  No treatment/self-treatment/not applicable  Treated by first-aider  Injury treated in a hospital | | \***ABSENCE FROM WORK**  No absence/not applicable Still absent  Absent, but returned within 3 days  Absence *is* due to work-related injury/ill health | |
| **NATURE OF TREATMENT GIVEN AND BY WHOM** If applicable, please indicate what treatment was provided. If this was given by a University first aider, please indicate who this was. | | | |
| **DETAILS OF PERSON MAKING REPORT** | | | |
| \*Name: | \*Job title: | | |
| Email: | \*Tel No: | | |
| School/Admin Department: | | | |