To be completed in accordance with University Guidelines. (Complete all relevant parts & send to the H&S Dept**\*** by post or by e-mail to hsforms@gcu.ac.uk

|  |
| --- |
| 1. **Type of incident (please select the relevant box below)**
 |
| **First Aid Injury** |  | **Incident No first aid required** |  | **Near Miss** |  |
| **RIDDOR** (*For further guidance, see* [*Incident Reporting procedure*](http://www.gcu.ac.uk/healthandsafety/policies/2010/Incident%20Reporting%20Policy.pdf)) |  | **Fatality** |  |
| 1. **What happened? (include as much detail as possible such as people involved/witnesses, substances/machinery involved etc.)**
 |
|  |
| **Date of incident** |  | **Time of incident** |  |
| **Exact location of incident** |
| 1. **Details of injured person (where applicable)**
 |
| **Name of injured person** |  | **Date of birth** |  |
| **Home address and contact phone number** |  |
| **Job Title (if applicable)** |  |
| **Status e.g. employee, student, contractor, visitor or other**  (please specify as appropriate) |  |
| **Gender e.g. male or female** (please specify as appropriate) |  |
| **Type of injury** (e.g. laceration, fracture, loss of consciousness etc.) |  |
| **Action Taken** (e.g. first aid given, sent home, taken to hospital etc.) |  |
| **Name of First Aider in attendance** |  |
| 1. **Reporting Department Details (of the injured person)**
 |
| **Department** |  |
| **Name of responsible person (i.e. Head of Department, lecturer, manager, chargehand etc.)** |  |
| **Designation** |  |
| 1. **Action taken by the reporting Department**
 |
| **What action has been taken to prevent a recurrence?** |
|  |
| **Name of Head of Department (or Deputy)** |  |
| **Signature** |  | **Date** |  |

***\*Please note, a copy should be retained by the Head of Department and the responsible person.***