

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.....
 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**)

FULL POSTAL ADDRESS OF BUILDING.....

Post Code

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

(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).

