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| **IECHYD A DIOGELWCH / HEALTH AND SAFETY** | | | | | | | | |
| **ACCIDENT / INCIDENT (EVENT) REPORTING FORM**  Complete this Form for **ALL** accidents and incidents (*whether someone was injured or not and preferably by an appropriate Health & Safety Coordinator or Line Manager*). **The completed Form MUST then be sent to Health and Safety** [**healthandsafety@bangor.ac.uk**](mailto:healthandsafety@bangor.ac.uk) **WITHIN 7 days of the event.** A copy MUST also be sent to your Line Manager and College / Service H&S Coordinator / Representative.  The information on this form will be dealt with in accordance with our Data and Privacy Statement. Further information can be found on our website. | | | | | | | | |
| **PART A** | | | | |  | **PART B – ABOUT THE EVENT** | | |
| 1. Name of Injured Person (in full)\* | | | | |  | 1. Date of Event  Click here to enter a date. | | |
|  | | | | |  |  | | |
| 2. Age of Injured Person\* | | | | |  | 2. Time of Event (incl. AM / PM) | | |
|  | | | | |  |  | | |
| 3. Department / College / School | | | | |  | 3. Location of Event (incl. building, room, area) | | |
|  | | | | |  |  | | |
| 4. Person’s Contact Number or Email\* | | | | |  | 4. If injured was the person allowed to be here? | | |
| YES | | NO |
|  | | | | |  |  | | |
| 5. Home Address (in full) & Postcode\* | | | | |  | 5. Name and Contact Details of Witnesses | | |
|  | | | | |  |  | | |
| 6. Job Title / Student (incl. course) / Visitor / Contractor\* | | | | |  | 6. Name of Supervisor in charge (if applicable) | | |
| *\* where applicable* | | | | |  |  | | |
| **PART C – ABOUT THE INJURY (if any)** | | | | |  | **PART D – ABOUT THE ACCIDENT / INCIDENT** | | |
| 1. Was the person injured | | | | |  |  | An Incident | |
| YES | | | NO | |  |  | A Near Miss | |
|  | | | |  |  |  | **An injury caused by:** | |
| 2. If **YES** what part of the body was injured | | | | |  |  | An animal | |
|  | Contact with electricity / static electricity | |
|  | Exposure to an explosion | |
|  | | | | |  |  | Slip, trip or fall on same level | |
| 3. If **YES** what did the injury involve | | | | |  |  | Slip, trip or fall on stairs or steps | |
|  | Minor e.g. bruise, cut, sprain | | | |  | Fall from height. **How high:** | |
|  | Major e.g. fracture, break, amputation | | | |  |  | Exposure to fire | |
|  | Other | | | |  |  | Handling, lifting, carrying activity | |
| Please describe if ‘Other’ | | | | |  |  | Injury when handling glass or sharps | |
|  | Injured when using hand tools / equipment | |
|  | Contact with hot / cold surfaces | |
|  | | | | |  |  | Contact moving machinery / item being machined | |
| 4. If **YES** did the injury result in (tick box) | | | | |  |  | Exposure to harmful substance / material | |
|  | | A Staff member being off work | | |  | Participation in a sports activity | |
|  | | A Student / Visitor being taken to hospital | | |  | Traffic accident or vehicle | |
|  | | None of the above | | |  | Hit by a moving or flying / falling object | |
|  | | | | |  |  | Hitting something fixed or stationary | |
| 5. If a Staff member has been off work due to the injury please provide dates they have been off work: | | | | |  |  | Physical assault by a person | |
|  | Threat or verbal abuse by a person | |
| **From:**  **Click to enter date** | | | | **To:**  **Click to enter date** |  | Another kind of assault (describe in E) | |
|  |  | |
|  |  | |
|  | Tick if still off at time of submitting Form | | | |  |  |  | |
|  |  | |
|  | | | | |  |  |  | |
| 6. Did the injured person (tick ALL applicable boxes) | | | | |  |  | | |
|  | | Become unconscious | | |
|  | | Need resuscitation | | |  |  | | |
|  | | Remain in hospital for more than 24 hrs | | |  |  | | |
|  | | None of the above | | |  |  | | |
|  | | | | |  |  | | |
|  | | | | |  |  | | |

**PART E – DESCRIBE WHAT HAPPENED**

Give as much detail as possible e.g. what the person was doing, substance / equipment involved, the events that led to the accident / incident. If a slip, trip or fall, please consider surface conditions, the weather at the time (if outside), the footwear the person was wearing and if they were carrying any items.

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**PART F – DETAILS OF THE PERSON COMPLETING THE ACCIDENT / INCIDENT FORM**

Name:

Job Title:

College / Department:

Contact Details:

Signature:

Name & Signature of Injured Person (if possible):

**Note:** Please return this Form to Health and Safety, Reichel, Ffriddoedd Road and send a copy to your Line Manager and College / Service H&S Coordinator / Representative.

**PART G – ACCIDENT / INCIDENT INVESTIGATION**

* All accidents and incidents which occur at the University or whilst on University led activity MUST be investigated.
* The amount of time and resources spent on the investigation should reflect the seriousness or potential seriousness of the accident / incident, it DOES NOT just depend on whether someone was injured. Further guidance can be found on the Website.
* An investigation should ascertain the following:
* Collect / preserve evidence. **Take pictures if possible.**
* Who was involved or injured (if anyone)?
* When did the accident / incident occur?
* Where did the accident / incident occur?
* How did the accident / incident occur?
* Why did the accident / incident occur?
* The action to take to prevent it happening again.

|  |  |
| --- | --- |
| Name of Person(s) undertaking the Investigation: |  |
| Date of Investigation: | Click here to enter a date. |
| Names of person(s) interviewed (witnesses): |  |
| Who was involved / injured? |  |
| When did the Accident / Incident occur? | Click here to enter a date.  Time: |
| Where did the Accident / Incident occur? |  |
| How did the Accident / Incident occur, what happened? |  |
| What caused the Accident / Incident i.e. contributory factors? |  |
| What action will be taken to prevent the Accident / Incident happening again? |  |