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](mailto: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*](https://www.gcu.ac.uk/aboutgcu/supportservices/healthandsafety/proceduresandarrangements/accidentnearmissreporting)) | | | | | | | | |  | | **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.***