School of Chemistry
ACCIDENT/INCIDENT REPORT FORM

Section A must be completed by the person reporting the accident and Section B must be completed by the School Safety Officer, Chief Technician, or Head of School, as soon as possible after any accident has occurred. This is a requirement under the College's Employer & Public Liability policies. In the case of staff injuries, the original form should be retained by the School, and copies sent to **(1)** School Safety Officer, **(2)** Mr. T. Merriman, West Chapel (College Safety Officer), and **(3)** Ms P. Gray, West Chapel (for insurance purposes).

SECTION A (to be completed by person reporting the accident)

Name of the person reporting: …….. Staff ☐ Student ☐ Other ☐

Name: …….. **Staff ☐ Student ☐ Other ☐**

School/Department/Discipline: ……..

Job Title: …… **Hours of Work:** ……..

Date & Time of Alleged Accident: ……..

Place/Building Name: ……..

Grade of Accident: **Minor ☐ Moderate ☐ Severe ☐**

Brief Particulars: …….
(Continue overleaf if necessary)

Nature of Injury: …….
(If to limb or eye,
stage whether left ……..
or right)

What action was taken to treat
Or minimize injury or damage? …….

In cases or moderate or severe accidents please state the names & addresses of any witnesses:

(1) ……...

(2) ……...

Section B to be completed by the School Safety Officer

Are you satisfied that an accident occurred
At the time, date and place stated? **Yes ☐ No ☐**

Was the person authorized to be in that place
at that time for the purpose of his/her work? **Yes ☐ No ☐**

What was the person doing at the time of the accident? ……..

Was this something authorized or permitted to be
Done for the purpose of his/her work? **Yes ☐ No ☐**

To whom was the accident reported? ……

When was it first reported? ……..

Signed: …….. **Date:** ……

***Minor = Onsite treatment; Moderate = First aid and referred for medical attention; Severe = Ambulance called.**