



Chemistry Department ACCIDENT / INCIDENT REPORT FORM

Dept. form number

An accident form must be completed in the event of ALL accidents, incidents and "near-misses".

A departmental representative must countersign the form and forward the original copy IMMEDIATELY to COLLEGE SAFETY ADVISORY UNIT, a copy to be retained by the department (Institute, School etc.)

Person Involved	Title <input type="text"/>	First name <input type="text"/>	Second name <input type="text"/>
	Home / Residence Address <input type="text"/>		Departmental Address <input type="text"/>
Phone No.	<input type="text"/>		Dept. phone No. <input type="text"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age <input type="text"/>	Job title <input type="text"/>
Status:	UCL Staff <input type="checkbox"/>	UCL Student <input type="checkbox"/>	Contractor <input type="checkbox"/> Visitor <input type="checkbox"/>

Where did the accident/incident happen? (building, floor, room)

When did accident happen? Date Time

Details of the accident/incident

continue over page if necessary

Nature of any injuries involved:

continue over page if necessary

Did person lose consciousness?	<input type="text"/>	Was person able to return to work immediately after treatment?	<input type="text"/>
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Indicate Treatment received	None <input type="checkbox"/>	First aid in Dept. <input type="checkbox"/>	A&E at hospital <input type="checkbox"/>	Own G.P. <input type="checkbox"/>	Admitted to hospital <input type="checkbox"/>
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Witness details: Name and address (Departmental or home)
Phone No.

Name of Dept. supervisor or manager in attendance (if applicable)

Name and signature of Departmental Safety Officer

Safety Advisory Unit use only	Date received <input type="text"/>	Signature <input type="text"/>	Investigating ASO <input type="text"/>	SAU Form No. <input type="text"/>
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Details of the accident/incident (continued):

Nature of any injuries involved (continued):