Please ensure all sections are completed.

|  |  |
| --- | --- |
|  | **Information about the Incident** |
| 1.1  | Your Details – Name(Person filling in the form) |  |
| 1.2  | Contact Number |  |
| 1.3  | Your Staff ID/Number |  |
| 1.4 | Current Date |  |
| **2.0** | **Details of the Injured Person (IP)** |
| 2.1 | Full Name of IP |  |
| 2.2 | Contact Number (Mobile number if possible) |  |
| 2.3 | Alternative Contact Email Address(This allows information to be sent when an organisational email may not be accessible) |  |
| 2.4 | Home Address(Ensure a house/apartment number and Postcode are included) |  |
| 2.5 | Date of Birth (dd/mm/yyyy)(Use current year if birth year not disclosed) |  |
| 2.6 | Function to University | [ ]  Staff[ ]  Undergrad Student[ ]  Postgrad Student[ ]  Visiting Student[ ]  Contractor[ ]  Visitor |
| 2.7 | Staff or Contractor ID/Student Number |  |
| 2.8 | Faculty or Professional Service | **Faculties**[ ]  Faculty of Business, Law and Digital Technologies[ ]  Faculty of Creative Industries, Architecture and Engineering[ ]  Faculty of Sport, Health and Social Sciences[ ]  Warsash Maritime Academy**Professional Services**[ ]  Estates and Facilities[ ]  External Relations[ ]  Finance Service[ ]  Information and Communications Technology[ ]  Library and Learning Service[ ]  People and Development[ ]  Policy, Governance and Information[ ]  Project Management Office[ ]  Quality Management[ ]  Research, Innovation and Enterprise[ ]  Solent Learning and Teaching Institute[ ]  Solent Sport[ ]  Specialist Facilities[ ]  Student Experience[ ]  Vice-Chancellor's Office |
| 2.9 | Occupation / Role |  |
| **3.0** | **Details of Incident** |
| 3.1 | Date of Incident(dd/mm/yyyy) |  |
| 3.2 | Time of Incident(24hr clock HH:MM format) |  |
| 3.3 | Precise location of Incidente.g. Residence, Building, Room, Workshop, Corridor on 6th floor, etc. |  |
| 3.4 | Type of Incident |
| [ ]  | **Catastrophic** | The most serious types of incidents resulting in:Serious injury, permanent incapacity, loss of limb, fatality, severe damage to property, environment, long–term loss of services. | Full investigation required- Investigation will be required by the Health & Safety Team (with manager’s support). |
| [ ]  | **Major** | The most serious types of incidents resulting in:Major injury, multiple injuries, long term ill health, damage to property, short-term loss of services, significant effect on property or environment. | Investigation will be required by the Health & Safety Team with managers support |
| [ ]  | **Moderate** | Any incident which results in:Fractures, sprain, strain, laceration, ill health, moderate damage to property, environment, interruption to services. | Investigation will be required by managers (with H&S support if required). |
| [ ]  | **Minor** | Any incident which results in:Cut, bruise, basic first aid treatment required minor impact to services, property or environment. | Manager to complete initial investigation to learn lessons and prevent reoccurrence. |
| [ ]  | **Insignificant** | Any incident which results in:Minimal injury (no first aid needed), no repairs required, minimal impact to services, property or environment. | Manager to complete initial investigation to learn lessons and prevent reoccurrence. |
| [ ]  | **Near Miss /Unsafe Condition** | Any incident which results in:No harm or damage to property or environment but had the potential to cause harm or damage. | Manager to complete initial investigation to learn lessons and prevent reoccurrence. |
| [ ]  | **Ill Health** | Please enter details: |
| [ ]  | **Other** | Not listed above – please enter details: |
| 3.5 | Describe how the incident occurred: |
| **4.0** | **Treatment Details** |
| 4.1 | Type of injury | [ ]  Bruise[ ]  Burn - Chemical[ ]  Burn - Electrical[ ]  Burn - Thermal[ ]  Crush Injury[ ]  Cut – Abrasion [ ]  Cut - Laceration[ ]  Cut - Puncture[ ]  Dizziness / Fainting[ ]  Electrical Shock[ ]  Eyes – Foreign Body[ ]  Eyes – Other Injury[ ]  Fit / Seizure (epileptic fit, fainting etc.)[ ]  Fracture – Other than Toes/Fingers[ ]  Fracture - Toes/Fingers[ ]  Loss of Consciousness[ ]  Muscular Skeletal (muscle strains)[ ]  Splinter / Foreign Body[ ]  Other – Please state below: |
| 4.2 | What part of body was injured?( i.e. left leg bruised, cut to right index finger, etc) |  |
| 4.3 | What treatment was provided?(i.e. wound cleaned with non-alcohol wipe and sterile dressing applied) |  |
| 4.4 | Name of First Aider / Responder |  |
| 4.5 | Treatment provided by? | [ ]  None required[ ]  Self-treated[ ]  First Aider[ ]  GP[ ]  Hospital[ ]  Other – Please provide details below: |
| 4.6 | Disposal of IP | [ ]  Returned to work/lectures[ ]  Sent Home[ ]  Sent to GP[ ]  Sent to hospital[ ]  Retuned to room (Residences)[ ]  Other – Please provide details below: |
| 4.7 | Is the IP likely to be absent for more than 7 days due to the injury? | [ ]  Yes[ ]  No[ ]  Not Known |
| **This form must now be sent to the IP’s line manager for the investigation to be carried out.****A copy must also be sent to the Health and Safety Office** |
| Date sent to Line Manager/Health and Safety Office: |