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 Incident  e.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: | | | | |