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| **Accident, Incident, Occupational Ill Health or Hazard Report Form** |

**Please complete this form and email it to Chris Lyon** **cjl25@bath.ac.uk**

**Date and time of accident / incident / onset of occupational ill health:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of accident etc: |   |     Time of accident | am/pm |

**Details of injured / ill person:***(if applicable)*

*If more than one person was affected a Form should be completed for each*

|  |  |
| --- | --- |
| Title, First Name(s) and Last Name: |   |
| Date of Birth: |   |   | Male  /  Female |

**Details of accident / occupational ill health / incident / hazard:**

*Brief description of the accident, incident or hazard. Include the location, the injuries caused (if applicable) and other relevant details*

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**Contact points for injured / ill person.**

School or department at which the injured / ill person can be contacted*(if applicable)*

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| --- |
|   |
| Room No: |   |     Phone No: |   |

Employers address if not an employee or student of the University of Bath:

|  |
| --- |
|   |
|   |
| Post Code: |   |     Phone No: |   |

**Absence from work / studies due to injury / occupational ill health:**

Details of any absence from work or studies due to injury / disease

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**Statistical Data**

The following data is used to collate accident statistics within the University and is pooled with data from other Universities to create national accident statistics for higher education.

**Location of accident or incident**:  (*Please tick****ONE****box only*)

|  |  |  |
| --- | --- | --- |
|  Building communal |  Laboratory research |  Road or footpath |
|  Catering |  Laboratory teaching |  Sports area |
|  Field location |  Office accommodation |  Study bedroom |
|   |   |  Workshop |
|  Other *(please specify)* |

**Category of injured or ill person if applicable:**  (*Please tick****ONE****box only*)

|  |  |  |
| --- | --- | --- |
|  Academic & related |  Grounds / gardening |  Technical |
|  Administrative |  Maintenance |  Undergraduate |
|  Catering |  Portering |  Postgraduate |
|  Cleaning / Domestic |  Security |  Contractor |
|  Other *(please specify)* |

**Severity of injury/ occupational ill health:**(*Please tick****ONE****box only*)

|  |  |
| --- | --- |
|  No absence from work |  Absent for first aid treatment only |
|  Absent forless than 3 days |  Absent for more than 3 days |
|  Absence not known |   |

**Report completed by:***(Block capitals please, where appropriate)*

|  |  |
| --- | --- |
| Report made by: |    |
| Post in University: |    |
| Signature: |    |
| Completion date: |    |

**Please email the completed form to cjl25@bath.ac.uk**