

# Report of an Injury or Near Miss

Before completion see note overleaf



Injury       Near miss       Environmental (tick as applicable)

## Part A – The Injured Person

Full name and address

Home telephone no.

Work contact no.

Other contact no.

Age       Sex (M or F)       Status (tick box)      University employee       UG       Trainee   
Student   
Contractor       Visitor       PG       Other person

Occupation or job title (University employees and contractors only), if known

Nature of injury or condition and the part of the body affected

Normal hours of work (University employees only)      From       To   
Ceased work on      Date  20      Time  (Staff & Students Only)  
Resumed work on      Date  20      Time

### Treatment (tick box)

Local first aid       Hospital (up to 24 hours)  
 Doctor       Hospital in-patient  
 Other, specify

### Severity of injury or illness (tick box)

Absence for first aid treatment only       More than 7 days absence  
 Less than 7 days absence       Absence not yet known

Injured person's signature      Date

First aider's name      Date

## Part B – The Incident

Name of person reporting the incident

Date of incident       20

Time of incident     

Place of incident

Describe what happened and how (use diagram and continue on separate sheet, if necessary)

## Part C – Additional Details

What action (if any) has been taken to prevent a recurrence?

Signature of Line Manager/Supervisor

Date

Name of Line Manager/Supervisor (BLOCK LETTERS)

Department, Section or Faculty

Have you informed your Line Manager/Supervisor?      Yes       No

If no, Line Manager/Supervisor name (BLOCK LETTERS)

The forms are to be used to report all accidents involving injury, disease, dangerous occurrence and fire. The form must be completed at the earliest opportunity after an incident and the following action is to be taken:

- The completed form must be sent to the Health and Safety Office: Ground Floor, Unit 3, St Andrews Court, St Michaels Road, Portsmouth PO1 2PR or to [hsservicedesk@port.ac.uk](mailto:hsservicedesk@port.ac.uk).
- If there were no injuries, please complete parts B and C only.
- If anyone was injured, please complete parts A, B and C and see the instructions below.
- If more than one person was injured as a result of an accident, please complete a separate form for each person.
- Name(s) and address(es) of any witness(es) should be entered at Part B.

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The following events must be reported by telephone (immediately following an incident) to the Health and Safety Office (ext. 3075) or if out of hours, Security (ext 3333).

1. Death of a member of staff, student, visitor or contractor.
2. Major injury to a member of staff (including events caused by the violent act of another person) as defined below:
  - 2.1 Fractures, other than to fingers, thumbs or toes.
  - 2.2 Amputation.
  - 2.3 Any injury likely to lead to permanent loss of sight or reduction in sight in one or both eyes.
  - 2.4 Any crush injury to the head or torso, causing damage to the brain or internal organs.
  - 2.5 Serious burns (including scalding) which cover more than 10% of the body or causes significant damage to eyes, respiratory system or other vital organs.
  - 2.6 Any other injury arising from working in an enclosed space which:
    - 2.6.1 leads to hypothermia or heat induced illness
    - 2.6.2 requires resuscitation or admittance to hospital for more than 24 hours.
  - 2.7 Any scalping requiring hospital treatment.
  - 2.8 Any loss of consciousness caused by head injury or asphyxia
3. Transport of a student or visitor from the site of an accident to hospital for treatment.