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| **Accident Form** |  |
| * Obtain an INCIDENT REPORTING NUMBER from Porters Lodge: in person, call 01865 276000, or by email: porters@madg.ox.ac.uk
* Immediately notify your Manager that you have had an accident.
 | **INCIDENT REPORTING NUMBER:** |  |
| **Page 1: is to be completed by the individual, first aider or Manager if injured party is unfit.**  |
| **Basic Details** |
| Individual’s Name: |  | Date of Report: |  |
| Incident Date: |  | Incident Time: |  |
| Location of Incident: |  |
|  |
| Nature of Event: |  | Accident |  | Incident |  | Near Miss |  | Health Issue |
|  | Event resulting in injury. | Event resulting in property damage | No injury or damage – but potential for harm | Complaints that may affect or be affected by work |
|  |
| Individual Involved: |  | Staff (please specify department) |  |
|  |
|  |  | Student |  | Contractor  |  | Visitor |
|  |
|  |  | Other (please specify) |  |
|  |
| Immediate Actions: |  | No Action |  | First Aid |  | Ambulance |  | Sent Home |
|  |
| DETAILS OF WHAT HAPPENED |
| Give a brief description of the event. Include details of anyone else involved, including first aiders & witnesses.  |
|  |
| **ON COMPLETION OF THIS PAGE PASS FORM ONTO THE RELEVANT PERSON:**Staff Members pass this form to your Line Manager. Non-Employees pass this form to Lodge Manager. |
| **Manager’s Investigation** |
| **Page 2: This section is to be completed by the injured persons Line Manager, or the Lodge Manager if the injured party was not a member of staff.** |
| IMMEDIATE CAUSE |
| Give brief details of immediate failings that led to the accident. |
|  |
| UNDERLYING CAUSE |
| Give details of the underlying failings that allowed the circumstances above to arise. |
|  |
| COMMENTS |
|  |
| FURTHER DETAILS |
|  |
| Was the individual unable to perform their normal work duties, as a result of this accident, for a period of more than 7 days? |  | Yes |  | No |
|  |
| ACTIONS REQUIRED | Responsible Person | Date Due / Status |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Sign Off** |
| Managers Sign Off: |  | Date: |  |
| Individual Sign Off: |  | Date: |   |
|  |
| Manager’s Action: * Ensure that all Actions Required are tracked to completion.
* If necessary – review the associated risk assessments & communicate lessons learned.

**🖂 Send completed forms to Lodge Manager** |
| **Lodge Manager’s Section** |
| Form logged on Incident database? | Y/N | RIDDOR Reportable? | Y/N | If RIDDOR Reportable Insert date & Reference here |
|  |
| Incident escalated to Home Bursar? | Y/N |  |