|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | | | | | | | | | | |