UCSA INCIDENT/ACCIDENT REPORT FORM

NUMBER:_____
(Issued by HR)

UNIVERSITY of CANTERBURY STUDENTS' ASSOCIATION
Ākonga tū, ākonga ora

1 INCIDENT / ACCIDENT DETAILS

DATE OF INCIDENT / ACCIDENT: / /

TIME: _____

LOCATION: _____

DATE REPORTED: / /

2 WITNESS/PERSON PRESENT

NAME: _____

JOB TITLE: _____

EMAIL: _____

CONTACT NUMBER: _____

3 INJURED/INVOLVED PERSON DETAILS

NAME: _____

JOB TITLE: _____

EMAIL: _____

CONTACT NUMBER: _____

INJURED PERSON IS: ☐ AN EMPLOYEE ☐ A CONTRACTOR ☐ OTHER

GENDER: ☐ NEUTRAL ☐ MALE ☐ FEMALE

HOURS WORKED BEFORE ACCIDENT:_____

PERIOD OF EMPLOYMENT WHEN INCIDENT / ACCIDENT OCCURRED: ☐ 1ST WEEK ☐ 1ST MONTH ☐ 1-6 MONTHS ☐ 6 MONTHS-1 YEAR ☐ 1-5 YEARS ☐ 5+ YEARS

4 TREATMENT DETAILS

☐ NONE ☐ FIRST AID ☐ PHYSIO
☐ A&E/ MINOR ☐ ADVISED TO SEE GP ☐ ADMITTED TO HOSPITAL
☐ OTHER

5 TYPE OF INCIDENT

☐ LIFTING/HANDLING
☐ SLIP/TRIP/FALL
☐ VEHICLE
☐ SPILLAGE
☐ VERBAL ABUSE
☐ HOT/COLD CONTACT
☐ STRUCK BY/AGAINST SOMETHING
☐ CONTACT/EXPOSURE TO EQUIPMENT/MACHINERY
☐ CONTACT/EXPOSURE TO HARMFUL SUBSTANCE
☐ FATALITY
☐ OTHER
☐ CUT WITH A SHARP OBJECT
☐ FALL FROM HEIGHTS/STAIRS
☐ PROPERTY LOSS/DAMAGE
☐ THREATENING BEHAVIOUR
☐ PERSON TO PERSON ASSAULT
☐ EQUIPMENT FAILURE/MISUSE

6 EVENT DETAILS

WHAT HAPPENED? _____

WHAT CAUSED OR CONTRIBUTED TO THE EVENT? _____

7 STAFF ABSENCE

NUMBER OF DAYS_____

8 IMPACT ON INDIVIDUAL - SEVERITY OF INJURY

☐ MINOR (INJURY DID NOT REQUIRE ANY TREATMENT OR ONLY FIRST AID TREATMENT)

☐ MODERATE (INJURY REQUIRING MEDICAL TREATMENT e.g. BEYOND FIRST AID, BUT NOT HOSPITALISATION)

☐ MAJOR (INJURY RESULTING IN THE PERSON BEING ADMITTED TO HOSPITAL)

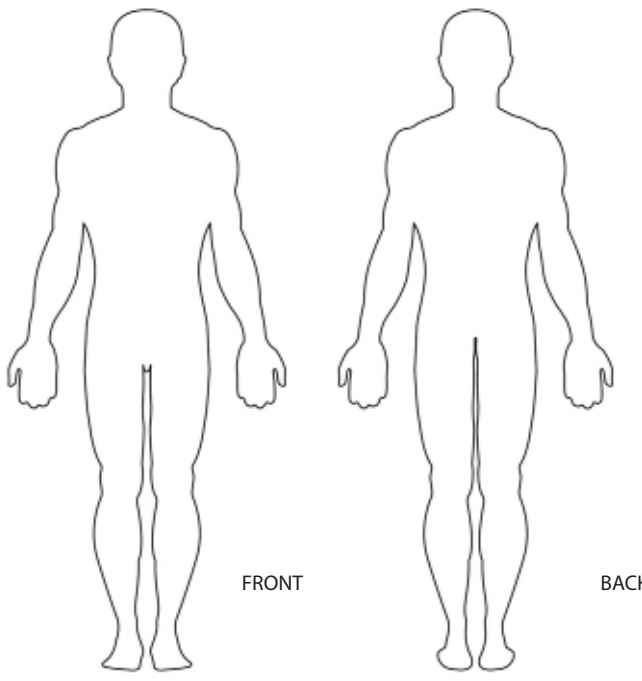
☐ NONE (NO INJURY)

9 INJURY

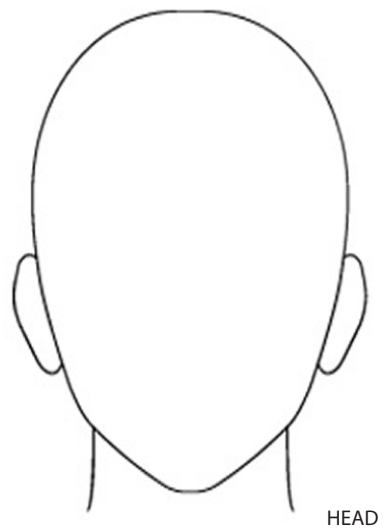
TYPE OF INJURY (Shade the part of the body that is injured)

WAS THERE A SIGNIFICANT HAZARD INVOLVED

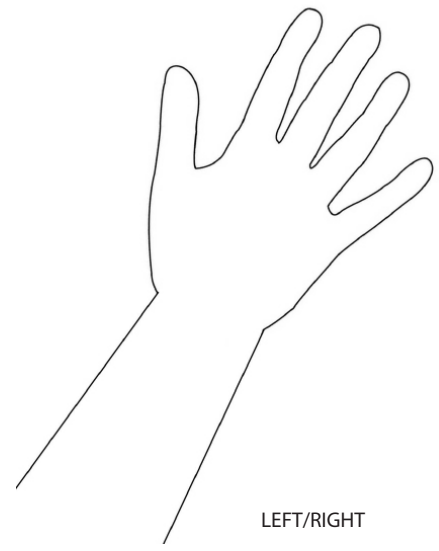
☐ YES ☐ NO



FRONT BACK



HEAD



LEFT/RIGHT

TYPE OF INJURY

☐ ABRASION ☐ FRACTURE/DISLOCATION ☐ AMPUTATION ☐ PAIN

☐ BRUISE ☐ PUNCTURE ☐ BURN/SCALD ☐ SPRAIN/STRAIN

☐ CRUSH/INTERNAL INJURY ☐ SWELLING ☐ FOREIGN BODY ☐ DISTRESS

☐ CUT ☐ OTHER (please specify)

PLEASE SIGN AND DATE THIS FORM WHEN YOU HAVE COMPLETED IT

NAME:_____ TITLE:_____ CONTACT NUMBER:_____

SIGNATURE:_____ ROLE IN EVENT:_____ DATE:_____

MANAGERS NAME:_____ SIGNATURE:_____ DATE:_____

CHIEF EXECUTIVE SIGNATURE:_____

FORWARD TO HR ☐ RECEIVED BY HR:_____