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UNIVERSITY OF EXETER INCIDENT REPORTING FORM – HSI01

.THIS FORM SHOULD BE USED BY STAFF AND STUDENTS TO REPORT ANY INCIDENT OR NEAR MISS. PLEASE PROVIDE AS MUCH INFORMATION AS YOU CAN. IN SOME CASES THE HEALTH & SAFETY TEAM MAY CONTACT THE PERSON AFFECTED FOR MORE INFORMATION. THE UNIVERSITY OF EXETER ENCOURAGES ALL STAFF AND STUDENTS TO REPORT INCIDENTS AND NEAR MISSES AND THE FACTUAL INFORMATION PROVIDED WILL BE REVIEWED AND USED AS AN OPPORTUNITY TO LEARN AND IMPROVE.

FORMS SHOULD BE COMPLETED ELECTRONICALLY AND SUBMITTED TO THE HEALTH & SAFETY TEAM. PAPER COPIES ARE ACCEPTED IN EXEPTIONAL CIRCUMSTANCES AND CAN BE SENT TO THE HEALTH & SAFETY TEAM, HOPE HALL, UNIVERSITY OF EXETER OR SENT VIA EMAIL AS AN ATTACHEMENT TO: safety@exeter.ac.uk. A COPY SHOULD ALSO BE SENT TO YOUR MANAGER (STAFF) OR TUTOR (STUDENT).

Section A: About the incident						
Was this an Incident that caused Harm?				What was affected? Tick all that apply:		
				People	Property	Environment
Was this a Near Miss?				I.e. no harm sustained to person, property or environment		
Who was affected by or put at risk by the incident?						
Staff	Student	Public/visitor	Contractor	Incident date? (dd/mm/yyyy)		
Building:				Campus:		
Location:				Incident time: (Use 24hr eg 18:00)		
Severity of Harm or Damage Caused:	No Harm or Damage (near miss)	Insignificant Minimal injury (no first aid needed) / no repairs req'd / Minimal impact to services, property, environment	Minor Cut / bruise / basic first aid treatment required minor impact to services, property, environment	Moderate Fractures /sprain /strain /laceration /ill health /moderate damage to property, environment / interruption to services	Major Major injury / multiple injuries / long term ill health / damage to property / short-term loss of services / significant effect on property, environment	Catastrophic Serious injury / permanent incapacity / loss of limb / fatality / severe damage to property, environment / long– term loss of services
				Investigation will be required by managers (with H&S Support if required)		Investigation will be required by the Health & Safety Team (with manager's support)
Where an injury occurred, indicate the part(s) of the body affected: e.g. foot, leg, head, eye						
NB: If no injury or damage to property insert N/A						
What was the cause of the incident? Choose one option only						
Slips, trip or fall on the same level				Injured whilst using machinery		
Fall from height (_____meters), including stairs				Failure of device		
Injured whilst handling, lifting or carrying				Contact with electricity		
Hit by an object				Explosion		
Contact with an object				Exposed to hazardous substance		
Vehicle road traffic incident (off campus)				Contact with heat/cold		
Vehicle road traffic incident (on campus)				Injured by an animal		
Incident involving a bicycle(s)				Needle stick injury (clean or contaminated)		
Assaulted by another person				Fire related incident		
Work related upper limb disorder (e.g. RSI)				Injury during sport / exercise		
Non-work related ill-health (e.g. faint, unwell)						
Work related ill-health				Other not listed above		
Provide a an explanation of what happened and details of the location (supported by photographic evidence if possible)						

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Section B: Medical Intervention at the time of the incident where injury sustained e.g. clinical, medical

No action required	Basic treatment	Taken to hospital (no ambulance)	Ambulance called
What was the outcome?			
Treated and returned to work/study	Went home (no absence)	Went home (absent from work/study)	Not applicable
Remained in hospital for more than 24 hours?			

Section C: Immediate action taken following the incident

Please detail the immediate actions taken to make the area safe i.e. summoned emergency services, put temporary arrangements in place e.g. separate people from an area, turned power supply off, reset alarms, contained a spillage, Reported to Campus Services, FX Plus Estates & Facilities Services, informed Estate Patrol (Exeter), Campus Security (Penryn) or equivalent for non-campus managed sites e.g. RILD, Knowledge Spa, Heavitree etc.	
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Section D: Person(s) affected by the incident

Name of the person(s) affected: (if applicable)		
Contact details of person(s) affected:	Email:	Phone:
Students: Please list both your college and Discipline: (e.g. CEMPS, Engineering or Physics)	College:	Discipline:
Staff: Please list service/college you work for and department: (e.g. Campus Services, Grounds)	College/service:	Department:
	Line manager name:	

Section E: Witnesses to the incident

Witness(es) name(s): (if applicable)		
Contact details:	Email:	Phone:
Students: Please list both your college and Discipline: (e.g. CEMPS, Engineering or Physics)	College:	Discipline:
Staff: Please list service/college you work for and department: (e.g. Campus Services, Grounds)	College/service:	Department:

Section F: Person reporting the incident

Name of person reporting incident: (if different from above)		
Contact details of person reporting incident:	Email:	Phone:
Students: Please list both your college and Discipline: (e.g. CEMPS, Engineering or Physics)	College:	Discipline:
Staff: Please list service/college you work for and department: (e.g. Campus Services, Grounds)	College/service:	Department:

Section G: Person completing this form

Signature: (NOT needed if emailed)	Date:
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Section H: For manager's use only

Further investigation required	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes – by whom?	
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