This form is for staff and students to report an incident or near miss. Please provide as much factual information as you have available to you as this will be reviewed and used to learn and improve. The Fire Safety Team may contact the person affected for more information if required.

**Forms should be completed electronically and submitted to the Fire Safety Team & Person in Charge (PIC) via email as an attachment to:** **firesafety@exeter.ac.uk****. Paper copies are accepted in exceptional circumstances and can be sent to the Fire Safety Team & Sara Wortley, Hope Hall, EX4 4PL.** A copy of the report should be sent to your Person in Charge (PIC – Staff) or tutor (student).

**NB:** This form may be shared with other parties within the University e.g. insurance, line manager etc. for the purpose of investigation to prevent recurrence, in response to claims for damages (as appropriate).

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| **Section A: About the incident**  |
| **Fire / False Alarm / Near Miss / Suspected Fire Risk**Please delete those that do not apply  | **Who or what was affected. Tick all that apply:****People Property**  |
| **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) |  |
| **Fire Service Attendance** |  | **Estates Patrol Attendance** |  |
| **Premises Evacuated** |  | **Person in Charge (PIC) Contacted** |  |
| **Severity of Harm or Damage Caused:** | **No Harm or Damage** (Suspected Fire Risk / Fire Near Miss/False Alarm) | **Minor** Minimal Injury (No first aid needed) / Minimal Fire Damage (Fire contained / conditions not impacted)   |  **Moderate**Limited Injury (First aid treatment) / Limited Fire Damage (Fire Contained / normal conditions restored within 10 working days) | **Major**Major injury (Beyond first aid treatment) / Major Fire Damage (Fire Spread beyond room of origin / normal conditions not restorable within 10 working days) | **Catastrophic** Fatal injury / Building Destroyed |
| **Monitor / Evaluate / Act** | **Investigation will be required by PIC (with Fire Safety Support if required)** | **Formal Investigation will be required by the Fire Safety Team (with PICs support)** |
| **Where an injury occurred, indicate the extent of injury (first aid, hospital visit etc)****NB: If no injury or reporting damage to property insert N/A** |  |
| **What was the cause of the incident? *Choose one option only***  |
|  1 – False Alarm - Fire like phenomena, inappropriate occupant actions or accidental damage. |
|  2 – False Alarm – Equipment alarms |
|  3 – False Alarm – Malicious activation |
|  4 – False Alarm – Good intent |
|  5 – False Alarm - Unknown |
|  6 – Alleged Fire Risk |
|  7 – Fire Near Miss |
|  8 - Fire |
|  9 - Other not listed above |  |
| **Provide an explanation of what happened and details of the location (supported by photographic evidence if possible)** |
| What / When / Why / How?  |
| **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. separated 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 i.e. recorded on Datix for non-campus managed sites e.g. RILD, Knowledge Spa, Heavitree etc. |  |
| **Section D: Person(s) affected by the incident** |
| Name of the person(s) affected: (if applicable) |  |
| Contact details of person(s) affected: | Email: | Phone: |
| **Staff/Students**: Please enter both your College/Service andDiscipline/Department: *(e.g. CEMPS, Engineering or Physics)* | College: | Discipline: |
| Line Manager/Tutors Name |  |
| **Section E: Witnesses to the incident** |
| Witness(es) name(s): *(if applicable)* |  |
| Contact details: | Email: | Phone: |
| **Staff/Students**: Please enter both your College/Service andDiscipline/Department: *(e.g. CEMPS, Engineering or Physics)* | College: | Discipline: |
| **Section F: Person reporting the incident** |
| Name of person reporting incident: *(if different from above)* |  |
| Contact details of person reporting incident: | Email: | Phone: |
| **Staff/Students**: Please enter both your College/Service andDiscipline/Department: *(e.g. CEMPS, Engineering or Physics)* | College: | Discipline: |
| **Section G: Person completing this form** |
| Signature: *(NOT needed if emailed)* | Date: |
| **Section H: For manager’s use only** |
| Further investigation required | YesNo | If **Yes** – by whom? |  |

Please e-mail this completed form to the Fire Safety Team at Streatham Campus