ACCIDENT FORM - IBA CAMPUS

This form is to be used by the casualty, or person on their behalf, to notify Safety Services of an accident involving personal injury

A. INJURED PERSON DETAILS

Title: (e.g. Dr, Mr, Mrs etc)	Date of Birth:	Male ☐ Female ☐
Family Name:	Other Names:	
Address:	Job Title:	
	Department	
	Building:	
	Tel No:	
	Email:	

Status:
Staff ☐ Undergraduate ☐ Postgraduate ☐ Visitor ☐ Contractor ☐ Other ☐ **(specify):**
Full-time ☐ Part-time ☐ ***Student Course /Programme No.:***

Is the injured person completing this form? ☐ Yes / ☐ No
If No, please print your details below.

Name:	Tel No:

B. ACCIDENT DETAILS

Date Accident Form Completed:	
Date of Accident (if different from above date):	Time (use 24hr clock):
Location:	
School/Admin Department	

DESCRIPTION OF ACCIDENT Give full details of what happened and what the injured person was doing. If the incident involved a fall from height e.g. from ladder, down stairs etc., state how far the person fell.

NATURE & EXTENT OF INJURIES
Indicate the type of injury & part of body e.g. fractured upper left arm, cut right index finger, etc.

TREATMENT Tick all relevant boxes ☐ None ☐ Self ☐ Hospital ☐ Campus First Aider	**ABSENCE** ☐ Returned to work/studies after treatment ☐ Likely to be more than 3 days ☐ Not yet known

C. RESPONSIBLE PERSON

This form must be countersigned by the following: for
a) Staff – Chief Executive Officer, ***b) Students*** – Lecturer, **c) Visitor/Public** –Receptionist

Name:	School/Admin Dept:	
Position held:	Tel No:	Date: