Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

ACCIDENT/INCIDENT REPORT FORM

This form must be completed by the School/Department Head, Chief Technician, School/Unit Safety Officer or Supervisor/Manager as soon as possible after any incident has occurred/reported. This is a requirement under the College's Employer & Public Liability policies. In the case of personal injuries, the original form should be retained by the Department, and copies emailed to **insurance@tcd.ie.**

Name: ………………………………………………………….. **Staff** ☐ **Student** ☐ **Other** ☐ **Visitor** ☐

Department: ………..

Job Title: …………………………………… **Hours of Work:** …………………………………………………………………………

Date & Time of Alleged Accident: ………………………………………………………………………………………………

Place/Building Name: ………

Grade of Accident: **Minor** ☐ **Moderate** ☐ **Severe** ☐

Brief Particulars:

………

………

………

………

(Continue overleaf if necessary)

Nature of Injury: ……….

(If to limb or eye, state whether left or right) ……………………………………………………………………………….

What action was taken to treat or minimize injury or damage?

………

Did the injured party require an ambulance or lose consciousness?

………

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Please state the names & addresses of any witnesses:

(1) ………

(2) ………

Are you satisfied that an accident occurred at the time, date and place stated?
Yes ☐ **No** ☐ **N/A** ☐

Was the person authorized to be in that place at that time for the purpose of his/her work?
Yes ☐ **No** ☐ **N/A** ☐

What was the person doing at the time of the accident?

……

……

……

Was this something authorized or permitted to be done for the purpose of his/her work?
Yes ☐ **No** ☐ **N/A** ☐

Was time taken off work as a result of this accident/incident? ……………………………………………………

- **If so, how many days?** ………………………………………………………………………………………

To whom was the accident reported? ………………………………………………………………………………

When was it first reported? ……………………………………………………………………………………………

Signed: ………………………………………………… **Date:** …………………………………………………

***Minor = Onsite treatment; Moderate = First aid and referred for medical attention; Severe = ambulance called.**

Print Name: ………………………………………………… **Ext No:** …………………………………………………