

Brasenose College

Accident/Incident/Near Miss Report Form (AIN)

This form must be completed for any AIN involving Brasenose College staff, students, contractors or visitors which occur on College owned or managed premises. It should be used to report all first aid incidents; work or premises related accidents and ill health; acts of violence (physical and verbal abuse and threats to staff, serious incidents involving students); injuries arising from road traffic accidents whilst at work and non-injury incidents that have the potential to cause harm (dangerous occurrences or "near misses").

Please complete the form providing factual and accurate information only, then forward it to the Lodge (for students/visitors) or to the Clerk of Works (for staff and contractors).

The form should be completed by the affected / injured person, their representative or a witness to the incident.

Data Protection Act 1998: The information provided on this form will be processed in accordance with the Data Protection Act and will only be disclosed within the College University to members of staff who need to know it in order to carry out their duties. Relevant information will be disclosed outside the College where it is required by law to do so.

Type of AIN (please circle); Accident Incident Near Miss

About the AIN					
Name of person reporting AIN:					
Department:		Contact details: (e-mail / login):			
Incident reported:	Date:		Time:		am / pm
Date of incident:		Time of Incident:			
Precise Location:					
What was being done at the time of the AIN:					
What happened: Continue on a separate sheet if necessary.. Please record details of anything that may have contributed to the AIN (e.g. icy conditions).					
Nature of Injury / ill health / damage:					
About the person affected					
Name in full:					
Address Home / Student accommodation					
Contact details:	e-mail:		Telephone:		
Department:			Position (
Age:			Gender (highlight):	Male / Female	
Status: (highlight answer)	Employee	Student (UG)	Student (PG)	Contractor	Other (specify):
If visitor: University contact name:					
If contractor: Employer's name:					
If under 18: Name of adult responsible for their supervision:					

Signature of injured person (or the responsible adult if under 18):			
Witness details: Give name and contact details of any witnesses below:			
Name(s):		Contact details:	
First Aid details (If a First Aider attended he/she should complete this section)			
First aid provided:	Yes / No / NA	Time of attendance:	
If Yes give details:			
Name of person giving First Aid:			
Post incident action			
What happened to the injured person afterwards:			
Taken directly to hospital	Went home	Returned to work/activity	Other: Specify:

Thank you for helping the College to provide a supportive, safe and healthy work environment by reporting this incident.

This section is for Office use.

ACTION	Receiving Manager:				Date:	
RIDDOR reportable?	Yes / No		RIDDOR ref:		Date:	
Type of incident:	First aid	Work related accident	Work related ill health	Work related violence	Road traffic accident	Non-injury incident
Investigated by:	Domestic Bursar		Clerk of Works		Not required	
Copy of incident report passed to:					Date:	
Report passed to OH?	Yes / No	Date:		Report passed to College Insurance Company?		Yes / No
Investigation report complete:				Witness statements / photos / RIDDOR attached?		Yes / No