



REPORT OF ACCIDENT OR OTHER UNTOWARD OCCURENCE TO STUDENT/STAFF

Name in Full.....

Occupation.....

Status: Employee/Student/Visitor/Contractor Other.....

Home Address.....

Date of Birth..... Sex.....Date and Time of Occurrence.....

Place of Occurrence.....

Brief description of incident
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How was the incident reported.....

Nature and Extent of Injuries (if any)
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Was Doctor called? YES/NO Name of Doctor.....

Name and Addresses of any Witnesses.....
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Witness occupation.....

Any piece of equipment or apparatus involved.....
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Signature of person completing report..... Date of signing.....

Signature of Manager..... Date.....