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| --- | --- | --- | --- | --- | --- | --- | --- |
| This form must be filled out by the person in charge, in the event of an accident, incident and forward to the health and safety department via [**healthandsafety.sligo@atu.ie**](mailto:healthandsafety.sligo@atu.ie) within **24 hours of** the event occurring.   * The Academic or person in charge must ensure this form is completed if a student or member of staff is injured during an academic activity, an ATU Sligo Sports Event on or off Campus, or on an approved Off Campus Activity * All Department Manager must ensure that all accident, incidents and near misses are recorded and an investigation where warranted is undertaken by management. | | | | | | | |
| **Part A General Information** | | | | | | | |
| **Who was injured** | **Student** | **Staff Member** | | | |  | |
| **Visitor** | **Contractor** | | | | **Other** | |
| **Category** | **Accident** | **Incident** | | | | **Near Miss** | |
| **Name of injured person** | dfdsfdsf | | | | | | |
| **Student/ Employee ID No/ Company Name.** |  | | | | | | |
| **Name of Department/ Course / Occupation or Position** | sdfdsfdsfsd | | | | | | |
| **Injured Parties Contact Phone Number** |  | | | | | | |
| **Manager/ Head of Department/ Supervisor** |  | | | | | | |
| **Person Reporting the event** |  | | | | | | |
| **Part B Details of Accident, Incident & Near Miss** | | | | | | | |
| **Date of Accident, Incident or Near Miss** |  | | **Time of the Event** | | | |  |
| **Where did the Accident, Incident Near miss take place? (Lab, sports pitch, if off campus, where?)** |  | | | | | | |
| **Describe in detail how the incident occurred:**  **Give a description of what occurred and the type of injury if sustained? What was the person doing when injured, were there others present, what factors may have contributed (Please attach any additional information which will aid an investigation, pictures, Witness statements etc.)** |  | | | | | | |
| **Was there a witness to the incident?** | **Yes** | | | **No** | | | |
| **Name(s) of witnesses** |  | | |  | | | |
| **Describe the type of Injury.**  **(Broken right arm, cut to the head etc.)** |  | | | | | | |
| **Cause of the Incident/ incident trigger** |  | | | | | | |
| **Was Medical treatment required?** | **Yes** | | | | **No** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part C Sign off** | | | |
|  | **Name** | **Signature** | **Date** |
| **Head of Function/ Faculty** | *(Print Name)* |  |  |
| **Departmental Manager** | *(Print Name)* |  |  |
| **Person In Charge/ Team Coach/ Team Manager** | *(Print Name)* |  |  |
| **Health and Safety Manager** | *(Print Name)* | |  |
| **Injured Party** | *(Print Name)* |  |  |
| **Student Support Services Officer (Where applicable)** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 5 Health & Safety Office Only** | | | |
| **Date Received** |  | **Received by** |  |
| **HSA Reportable** | Yes | | No |
| **Additional Comments** |  | | |

Additional Information

|  |  |
| --- | --- |
| **Name of Witness** |  |
| **Contact Details of Witness** |  |
| **Describe in detail how the Incident occurred** |  |
| **Witness Signature** |  |
| **Date** |  |