



Accident/Incident Reporting Form

Emergency Contacts :080-2208 2800/9449155205
 Fire control Room: 101
 Fire Force :080-22133070
 Safety Officer :09846215008
 Amruthahalli police station
 :080 23623812

An 'incident' is any unplanned event resulting in, or having a potential for injury, ill-health, damage or other loss, and may also be termed a "near-miss", "close call" or "dangerous occurrence". An 'accident' is where actual harm or damage occurs to a person(s).

Section 1. Reporting

What Faculty/Lab or Department does this involve?

Faculty /Lab	
Department	

Who is reporting the accident/incident?

Name		Staff/Student ID (if applicable)	
Contact Details	Phone:	Email:	

Where and when did it happen?

Building/Location		Date	
Floor and room Number		Time	

How was or could have injury, ill-health or damage been caused?

- | | | |
|---|--|---|
| <input type="checkbox"/> Being hit by objects or things | <input type="checkbox"/> Heat, radiation, or energy | <input type="checkbox"/> Slip, trip, or fall |
| <input type="checkbox"/> Biological factors | <input type="checkbox"/> Hitting objects with part of the body | <input type="checkbox"/> Vehicle accidents |
| <input type="checkbox"/> Fire Accident | <input type="checkbox"/> mental health | <input type="checkbox"/> False alarm |
| <input type="checkbox"/> Chemicals/substances | <input type="checkbox"/> Sound or pressure | <input type="checkbox"/> Something else: ____ |

Description of accident/incident

(If not enough room, please attach separate sheet or sheets. Include statements, diagrams, and photos.)

Who witnessed the accident/incident?

Name		Name	
Contact		Contact	

Signature of reporting person:

	Date:
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Ensure the Respective PI/Department Head has been informed

Was anybody injured or made ill (Harmed)?

- ☐ **Yes.** If it is serious, inform the security Office without delay. Proceed to section 2.
- ☐ **No.** Proceed to section 3 to see if there are any 'opportunities to learn'.

Section 2. Harm (if applicable)

Injured person

Name		Date of Birth	
Contact Details	Phone:	Email:	
Residential address			

Role or job title of injured person:

Staff	Student	Other	Staff/Student ID No.
Gender:	Signature:		Date:

Period of employment of injured person: (if applicable)

1st week 1st month 1-6 months 6 months - 1 year 1-5 years Over 5 years

Time at work prior to injury: (if applicable)

Started work at am / pm Incident occurred at am / pm Hours on shift hours

Treatment of injury:

Nil First-aid Doctor/Emergency Dept. (not hospitalized) **Hospitalized (admitted)**

Where were they treated?

Location Doctor (if known))

What caused the injury? (Agency of harm)

Human factors (unsafe acts or behaviours)	Animal, human or plant/vegetation (biological agency)	Other biological factors (e.g. Bacterial or viral)
Chemical or chemical products	Environmental (flood, fire)	Exposure (e.g. dust, gas, noise, etc.)
Machinery or (mainly) fixed plant	Material or substance	Mobile plant or transport
Powered equipment, tools or	Non-powered hand tool or equipment	Other _____
Flammable gas cylinders		

Nature of injury or damage (Specify all):

Abrasion/scratches	Eye injury
Amputation	Foreign body
Bruising/crushing	Fracture
Burn/scald	Internal injury
Concussion	Laceration/cut
Dislocation	Sprain or strain
Puncture wound	Contamination/poisoning/toxic
Reaction	Occupational Hearing Loss
Disease	Gradual process/OOS or RSI
Mental Health	Fatal
Other _____	

Body part:

Head	Neck	Trunk
Arms/hands	Legs/feet	Multiple locations
Systemic (internal organs)		

Side of Body:

Left	Right	Not Applicable
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Description of Injury

(As much detail as possible)

Section 3. Investigation

Analysis of what happened
What were the root causes of the accident/incident? Consider the following factors:
People:
Equipment:
Environment:
Procedures:
Hazardous substances/chemical:

What can be done to prevent it happening again?

What needs to be done now?	Who should do it?	By when?
Incident/Accident investigated by:	Date:	Signature:

Chairman, Safety committee	Coordinator, Security	Coordinator, Safety