



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	<input type="text"/>	Date of Birth	<input type="text"/>
Contact Details	Phone: <input type="text"/>	Email:	<input type="text"/>
Residential address	<input type="text"/>		

Role or job title of injured person:

<input type="text"/>			
<input type="checkbox"/> Staff	<input type="checkbox"/> Student	<input type="checkbox"/> Other	Staff/Student ID No. <input type="text"/>
Gender: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>	

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 Flammable gas cylinders Non-powered hand tool or equipment Other _____

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

Other (specify)

Description of Injury

(As much detail as possible)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

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:

<i>Chairman, Safety committee</i>	<i>Coordinator, Security</i>	<i>Coordinator, Safety</i>