



Report of an accident or near miss occurrence

All accidents, incidents or near misses that occur during society or committee activities/events must be reported within 24 hours. Please fill in this form and submit it to: society.coordinator@sheffield.ac.uk

You may also wish to come into the Activities & Sports Zone and speak to a member of staff in person.

Part A

About you

1. What is your full name and registration number (on Ucard)?

2. Are you

- Society President
- Coach / Trainer
- Trip Organiser
- Activity Leader
- Other Committee/Society Member

3. What is your telephone number and email address?

About your Society

4. What is the name of your society?

5. What is the name, email address and telephone number of the Society President (if known)?

6. What type of activity was being undertaken

Part B

About the Incident

1. On what date did the incident happen?

2. At what time did the incident happen?
(please use the 24-hour clock eg, 0600)



3. Did the incident happen on Sheffield University/Union property:

Yes (go to Question 4)

No where did the incident happen?

another University/Union (give name, address and postcode)

at someone else's premises (give name, address and postcode)

In a public place – give details of where it happened

3. Was the injury (tick the one box that applies)

a fatality?

a major injury or condition?

an injury to a student which meant they had to be taken from the scene of the accident to a hospital for treatment?

Please answer Question 5

4. Did the injured person (tick all the boxes that apply)

become unconscious?

need resuscitation?

remain in hospital for more than 24 hours?

visit a G.P.?

none of the above

5. Name, address, postcode and phone number of hospital

Part C

About the injured person

If you are reporting a near miss occurrence go to Part F

If more than one person was injured in the same incident, please attach the details asked for in Part C and Part D for each injured person on separate individual forms.

1. What is their full name and registration number (on Ucard)?

2. What is their term-time address and postcode?

3. What is their term-time phone number and email address?

4. How old are they? _____

male

female

5. Was the injured person (tick only one box)

a full Union member (e.g. University of Sheffield student)

Affiliate/Associate member



Part D

About the Injury

1. What was the injury? (eg fracture, laceration)

2. What part of the body was injured?

Part E

About the kind of accident

Please tick the one box that best describes what happened, then go to Part F

- Hit by a moving, flying or falling object
- Hit by a moving vehicle
- Hit something fixed or stationary
- Injured while handling, lifting or carrying
- Slipped, tripped or fell on the same level
- Fell from a height
How high was the fall in metres? _____
- Made contact with the ground during the fall
- Trapped by something collapsing
- Drowned or asphyxiated
- Exposed to fire
- Contact with electricity or an electrical discharge
- Injured by an animal
- Physically assaulted by a person
- Another kind of accident (describe in Part F)

Part F

Describing what happened

Give as much detail as you can. For instance:

- the name and type of any specialist equipment involved
- the events that led to the incident
- the part played by any people

If it was a personal injury, give details of what the person was doing. Use a separate piece of paper if you need to.

Part G

Recommended Action

What action would you recommend to prevent a similar incident from happening? Please use a separate piece of paper if you need to.

Part H



Your signature (you can type this in):
Signature _____
Date _____