



Office of Occupational Health and Safety

Office of the Vice-Chancellor

University of Guyana

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Document # UGAIR001

ACCIDENT/INCIDENT REPORTING FORM

Useful definitions:

Incident- defined as an unplanned event that does not result in personal injury but may result in property damage or is worthy of recording.

Accident- defined as an unplanned event that results in personal injury and may also result in property damage.

Near miss- an incident in which no injury was sustained, and no property was damaged but, given a slight shift in time or position injury or damage could have occurred.

Unsafe condition- hazardous physical condition or circumstance which could directly permit the occurrence of an incident/accident.

Unsafe Acts- performance of a task or other activity that is conducted in a manner that may threaten the health/safety of oneself or others.

ACCIDENT/INCIDENT REPORTING FORM

Student Staff Visitor

LOCATION & CONTACT DETAILS

Name: Click or tap here to enter text.

Student/ Staff number: Click or tap here to enter text.

Designation: Click or tap here to enter text. Faculty/Dept: Click or tap here to enter text.

Contact number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Location of incident: Turkeyen Berbice Other Click or tap here to enter text. Specify

Date of Incident: Click or tap here to enter text.

Time of Incident: Click or tap here to enter text.

Date the incident was reported: Click or tap here to enter text.

Time reported: Click or tap here to enter text.

Exact location of incident: _____ Building name: _____ Room: _____

NOTIFICATION AND IMMEDIATE RESPONSE

Who was notified as part of the incident response? Kindly provide details.

First Aider, name(s) Click or tap here to enter text. First Aid provided? Yes No

Police (911) Ambulance (913) Fire Service (912)

Campus Security, name(s) Click or tap here to enter text.

OOHAS, Name(s) Click or tap here to enter text.

Hospital, name Click or tap here to enter text.

Other, please specify (Name& Designation) Click or tap here to enter text.

Which of the following occurred?

Injury sustained Unsafe Condition Near miss Property Damage Spill

Who transported personnel to hospital: Click or tap here to enter text.

Additional comments: Click or tap here to enter text.

INCIDENT DESCRIPTION

Describe what happened (please provide as much detail as possible including the activity that was being conducted at the time of the incident)

RECOMMENDATIONS (IF ANY)

FOR OFFICIAL USE BY OOHAS DEPT (DO NOT FILL)

Date report was received: Click or tap here to enter text.

Received by: Click or tap here to enter text.

Report submitted by: Click or tap here to enter text.

Evidence submitted: photo(s) video(s) email(s) other _____