## Accident/Dangerous Occurrence Form

Please return this form to: health.and.safety@lse.ac.uk

A copy of this form must be retained by department in question.

### ACCIDENT / INCIDENT DETAILS

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| **Date of accident or incident:** Click here to enter a date. |
| **Time the accident/incident occurred (please use 24 hr clock):** Click or tap here to enter text. |
| **Where did the accident/incident occur?** Click here to enter text. |
| **Describe the accident:** Click here to enter text. |
| **Describe how the accident or incident occurred:** Click here to enter text. |
| **Did an injury occur?** Choose an item. |
| ***If Yes, complete Injured Person’s Details below*** |

### INJURED PERSON’S DETAILS

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| **Name**: Click here to enter text. |
| **Department**: Click here to enter text. |
| **Occupation (LSE job title where appropriate):** Click here to enter text. |
| **Status of injured person if not a LSE employee** (e.g. Student, visitor, contractor - please state business): Click here to enter text. |
| **Age**: Click here to enter text. | **Gender**: Click here to enter text. |
| **Home Address of Injured Person:** Click here to enter text. |
| **Private Telephone No**. Click here to enter text. |
| **If an employee, was the injured party on duty at the time of accident?** Choose an item. |
| **What was the injured party doing at the time of the accident?** Click here to enter text. |
| **If a LSE employee did the injured person resume their normal duties** Choose an item. |
| **If No, please specify length of absence or period unable to perform normal duties:** Click here to enter text. |

### NATURE OF INJURY AND TREATMENT

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| **What was the nature of the injury? (e.g. cut, break, sprain)** Click here to enter text. |
| **What part of the body was injured?** Click here to enter text. |
| **Was the injured person offered First Aid?** Choose an item. |
| **If Yes, name of First-aider:** Click here to enter text.. |
| **Did the injured person go to hospital as a result of the accident?** Choose an item. |
| **Was the accident witnessed?** Choose an item. |
| **Name, department and contact address of witness (if applicable):** Click here to enter text. |
| **Whom did the Injured Person notify of the accident?** Click here to enter text. |
| **Date notified:** Click here to enter a date. |
| **Name and position of person completing this report:** Click here to enter text. |
| **Date completed**: Click here to enter a date. |

### ACTION TAKEN TO PREVENT A RECURRENCE OF THE ACCIDENT/INCIDENT

**To be completed by manager of the activity or premises involved in the accident/incident:**

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| **Can you confirm that the accident/incident took place as alleged?** Choose an item. |
| **Please give details of action taken to prevent recurrence of accident/incidents:** Click here to enter text. |
| **Name and position of manager:** Click here to enter text. |

**Please send this form to:** health.and.safety@lse.ac.uk

**For Health and Safety Team:**

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| **Date Report received:** Click here to enter a date. |
| **Reference**: Click or tap here to enter text. |
| **Is it reportable under RIDDOR?** Choose an item. |
| **Date HSE informed:** Click here to enter a date. |
| **RIDDOR No.** Click here to enter text. |