

School of Design

Faculty of Performance, Visual Arts
and Communications



UNIVERSITY OF LEEDS

Accident or near miss report form

Name and title _____ Date of birth (dd, mm, yy) _____

Male/Female (circle) M F Tele No: _____

Address _____

Category (circle) Staff Student Visitor Contractor

Date of incident _____ Time of incident _____

Place incident occurred (building and room) _____

Nature of Injury (cut, burns, slip etc) _____

Position of injury on body _____

What level of treatment was given (circle) Nil First aid Hospital Own GP

Detail of first aid given _____

Continue on separate sheet if necessary, please sign and date this sheet

Did this result in the person having to take any time off work? Yes No

If yes how long in days, hours _____

Please give a factual description of what happened

Continue on separate sheet if necessary, please sign and date this sheet

Was any machinery involved? (Circle)

Yes

No

If yes give details

Statement from injured person

Continue on separate sheet if necessary, please sign and date this sheet

Please sign here _____ Date _____

Statement of witness

Continue on separate sheet if necessary, please sign and date this sheet

Please sign here _____ Date _____

Union representation, union name _____ Person's name _____

Signature _____ Date _____

Statement _____

Continue on separate sheet if necessary, please sign and date this sheet

Details of person filling out this form

Name _____ Status _____

Please sign here _____ Date _____

**PLEASE RETURN THE COMPLETED FORM TO
AZIM ABADI OR LES JOHNSON**