

TUS Accident/ Incident Report Form



TUS
Technological University of the Shannon:
Midlands Midwest
Ollscoil Teicneolaíochta na Sionainne:
Lár Tíre Iarthar Láir

www.tus.ie

In the event of either an Accident resulting in an Injury, a Near Miss or an Incident resulting in damage to or loss of property, this form must be completed.

The form may be completed by either; the Injured Person; the injured person's TUS supervisor,/manager or by a TUS member of staff.

The form must be signed off by the relevant TUS Manager (i.e. the manager responsible for directing the work activity or controlling the area of operation where the incident/accident occurred).

The completed Accident/Incident form should then be submitted by the manager to the relevant campus Health & Safety Office within 24hrs or as soon as possible.

Please Note: Some personal detail information is required in relation to a person that has suffered an injury as a result of an accident on any TUS Campus . TUS gathers this information to: 1) be in a position to assist with any follow up post incident action, 2) support accident investigation, and 3) Comply with the legal requirements for Accident/Incident & reporting to the Health and Safety Authority.

Section A TYPE OF ACCIDENT OR INCIDENT IS BEING REPORTED

(Mark 'x' in the appropriate box)

An Accident resulting in Personal Injury	An Incident resulting in Damage To, or Loss to Property	A Near Miss
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Section B INJURED PERSON DETAILS

(If the Incident resulted in a person being injured then please complete)

Name of Injured Person						
Is the injured person: <i>(Mark X in the Appropriate Box)</i>	TUS Staff	TUS Undergraduate Student	TUS Post Graduate Student	TUS Apprentice Student	External Contractor	Other (e.g. Visitor)

Injured Person's Contact Details

A) Please provide Address information: *(Note: - The Injured person's home address, or their TUS reporting Department's Name will suffice): -*

B) Please Provide Identification Information *(e.g. Injured Person's Staff ID or Student ID)*

C) Please Provide Telephone Number *(e.g. Injured Person's mobile Phone no.)*

D) Please provide the Name of the TUS Faculty /Department/Unit or name of external organisation the injured Person reports into:

E) Please provide the Name of the TUS Line Manager or Manager's name and contact number of external organisation the injured person reports to:-

Section C Accident/Incident Details

Date of Incident		Time of Incident:		Weather conditions	
TUS Campus where the Incident Occurred?					
Location on Campus where Incident occurred? <i>Note: Please provide as much information as possible on the exact location, e.g. Campus, Building location, Room.</i>					
Please give details of the task or activity been undertaken when the accident/incident occurred:					
Please provide information on what is believed to have caused the accident (e.g. Defective equipment, or property)?					

Section D INJURY /TREATMENT DETAILS							
Please give details of any personal injury sustained as a result of an accident:							
Please mark 'x' in the appropriate box below to indicate if any and what treatment was provided							
First Aid	TUS Nurse	TUS GP	GP out of hours service (e.g. MIDOC)	Own GP	Ambulance	A&E Hospital	None Provided
Please provide information on any First Aid or Medical Emergency support provided:		<i>(Example:- An Ambulance was called and the casualty was taken to the 'Name' Regional Hospital leaving TUSCampus at 'Time')</i>					
TUS staff only - Did the injured person cease work following the accident? [To be completed by the injured person's supervisor or line manager]					YES / NO		
Dates the injured person was absent from work as result of the accident, (excluding the day of accident)?				FROM	TO		
Section E WITNESSES							
Name of Witness:						Phone No.:	
Is the Witness: <i>(Mark X in the Appropriate Box)</i>		Staff	Under Grad	Post Grad	Apprentice	Contractor	Visitor
Describe What Happened: (If not completed by the witness then the line manager needs to provide information on preliminary view of what happened)		<i>Where needed, please attach additional/separate sheets and photos</i>					
Section F SIGNATURES							
The Person completing this form <i>(Note: This can be a member of staff, a student or a visitor)</i>							
Print Name				Signed			
Job Title				Date form completed			
Line Manager for the Injured Person (FOR TUS STAFF AND STUDENT Injuries only) (Note: for accidents, this must be the injured person's direct line manager)							
Print Name				Signed			
Job Title				Date form completed			
Section G HEALTH & SAFETY OFFICE <i>This Section is for completion by the Campus Health and Safety Office Only</i>							
Date the form received by the TUS H&S office?					H&S Ref No.		
TUS identifies the incident as an..... (place a Tick the appropriate box below) :							
ACCIDENT		NEAR MISS		DANGEROUS OCCURRENCE		OTHER	
Is the Accident/Incident of a type requiring notification to the Health & Safety Authority?				YES / NO		HSA Ref No;	
<i>Incident Accident form issue: - Version 1</i>				<i>Status: - 17 Oct 2022</i>			