

**Society Name:**

**Activity/ Trip:**

**REPORT ON HEALTH & SAFETY INCIDENT**

**Please use this form to report all injuries and near misses that occurred during your society activity or trip. Please answer all questions fully.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **About the injured person - *full name, address, age and occupation of injured person*** | | | | | | | | | |
| **Name: (please print)** | | | **Address:** | | | | |
| **Contact number:** | | | **Date of birth:** | | | | | **Male / Female** | |
| **Signature of the injured person:** | | | | | | **Date:** | | | |
| **Details of the person making the report if other than injured person:** | | | | | | | | | |
| **Name:** | | | | | | **Committee Position:** | | | |
| **Signature:** | | | | | | **Date:** | | | |
| **Description of the incident / accident** | | | | | | | | | |
| **Date:** | | | | **Location:** | | | | **Time:** | |
| **Category:** | | | | **SLIP TRIP FALL SPRAIN STRAIN NEAR MISS**  **Other:** | | | | | |
| **Part of Body injured:** | | | |  | | | | | |
| **Activity causing injury:** | | | | **CARRYING CLIMBING MANUAL HANDLING LIFTING PULLING PUSHING SPORTS ACTIVITY WALKING Other:** | | | | | |
| **Type of Injury:**  ***(e.g. Cut, burn)*** | | | |  | | | | | |
| **Details of the incident:**  ***please describe the near miss, accident, incident, dangerous occurrence- including events that lead to it and details about any equipment, substances or materials involved*** | | | |  | | | | | |
| **Details of First Aid administered:** | | | | | | | | | |
| **Name of First Aider who attended:** | |  | | | | **Signature:** | |  | |
| **Details of First Aid administered:** | |  | | | | | | | |
| **Did the injured person require hospital attention:** | **Yes / No** | **If yes, at which hospital did they receive treatment** | | |  | | **If No - was this because;**  **a) hospital treatment was not required or,**  **b) they declined to go to hospital?** | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of any persons who witnessed the incident:** | | | |
| **Witness 1:** | | **Witness 2:** | |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |
| **Contact Number:** |  | **Contact Number:** |  |
| In the case of any emergencies, follow the below procedure:  1. Contact the nearest first aider or official who will treat or stabilise the casualty  2. Ensure the immediate safety of all members of your group  3. On campus: Call SHU 24 hour security on 0114 225 2000 and ask them to call the Emergency Services.  Off campus: Contact the Emergency Services by telephoning 999 or 112  4. In office hours inform the Students' Union of what's happening on 0114 225 4111, for evenings, weekends and holidays contact SHU 24 Hour Security on 0114 225 2000  5. Await further instruction and support from the Emergency Services, Students' Union and/or University. Do not comment to the press if approached, and keep all information off social media in case of sensitive incidents.  6. All accidents, incidents and near-misses must be reported to the Students' Union within 24 hours. | | | |

What Happens Now?

Please email this completed form to [activitiesadmin@shu.ac.uk](mailto:activitiesadmin@shu.ac.uk)

We will look into the incident to see if there’s anything that can be done to reduce the risk of this reoccurring. You may be contacted if we need further information to assist with this.

If you need any further support please don’t hesitate to get in touch! You can contact the [activitiesteam@shu.ac.uk](mailto:activitiesteam@shu.ac.uk)