

Student - Accident & Incident Report Form

This form is to be used by any student to record an accident, incident, dangerous occurrence or near miss. It must be completed and returned to the building reception before leaving where possible or e-mail within 5 working days of the incident to healthandsafety@psa-academy.org

Student ID Number	
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Names of person(s) involved in accident/incident	Address:	Phone number	Email address	Student ID Number
		Line: Mobil:		
		Line: Mobil:		
		Line: Mobil:		
		Line: Mobil:		
		Line: Mobil:		

(If more person(s) involved in accident/incident, Please use other Form as well.)

Date of Incident:	____ / ____ / ____	Time of Incident:	____ : ____
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Location of accident/incident, including address and postcode (where known):

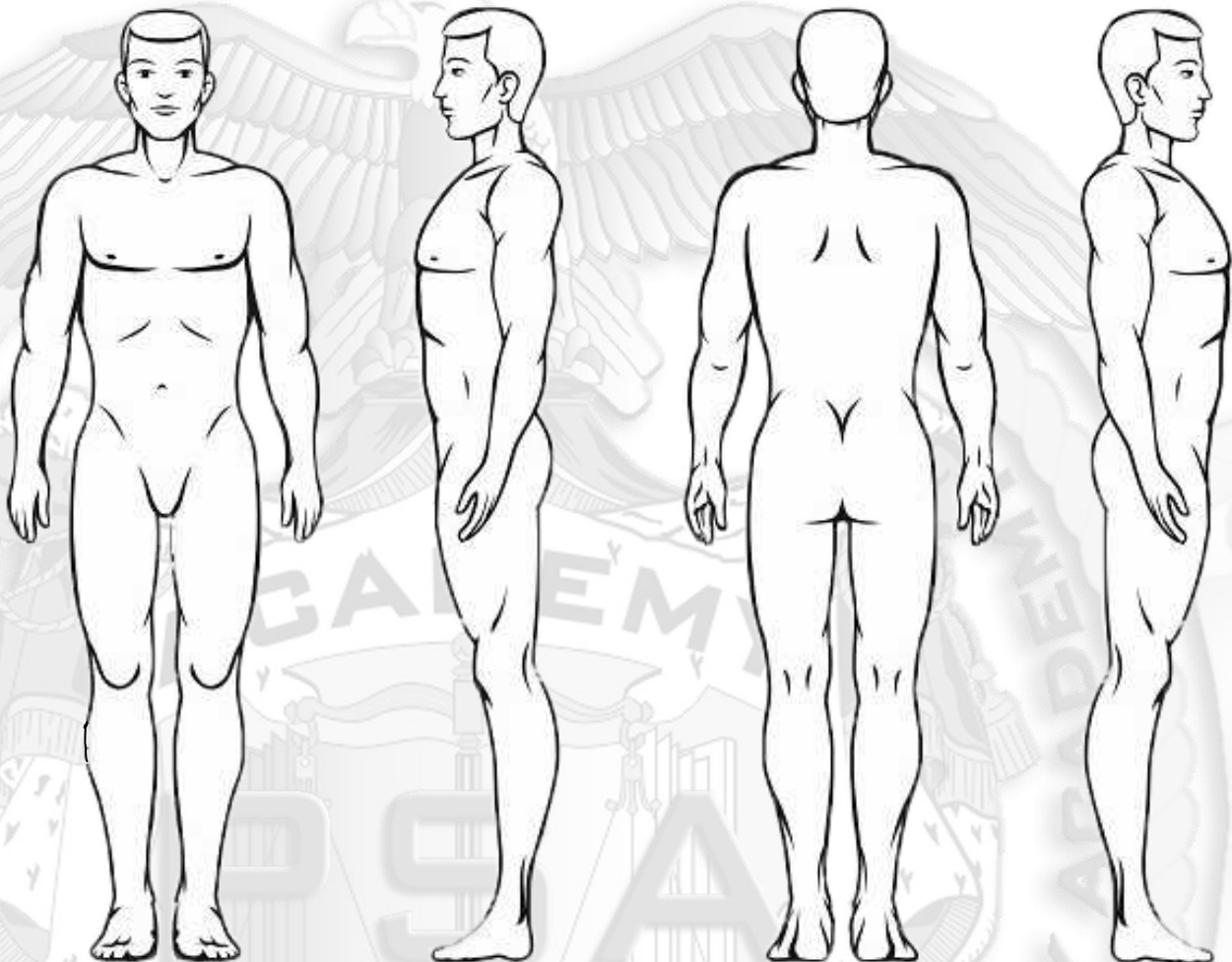
Nature of accident/incident (tick all that apply)		
☐ Assault ☐ Road Traffic Collision (RTC) ☐ Injury/ill health to student ☐ Injury/ill health to contractor ☐ Injury/ill health to other person ☐ Breach of policy, procedure, guidance ☐ Involved hazardous substances	☐ Fire/explosion ☐ Involved multiple casualties ☐ Lack of training/experience ☐ Person/s lost Trip - UK ☐ Trip - overseas ☐ Violence/aggression ☐ Equipment failure	☐ Manual handling ☐ Person colliding with vehicle ☐ Failure of/failing to wear PPE ☐ Fall from height ☐ Slip, trip or fall ☐ Confined space ☐ Other

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Description of accident/incident and extent of injury (please give as much detail as possible)

This image shows a blank sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Illustrate on the diagram position or place of injury, if any:



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Nature of accident/incident (tick all that apply)			
☐ Accident	☐ Incident	☐ Dangerous occurrence	☐ Near miss

[illegible]

Details of any follow up action taken		
☐ None	☐ Taken to hospital	☐ First aid/medic
☐ Seen by doctor	☐ Seen by physiotherapist	☐ Other

Details of any witness(es) and their statement(s)	
Witness 1:	
Name: _____	Home address: _____ Post Code: _____
Statement: _____ _____ _____ _____	
Signature: _____	Date: ____ / ____ / ____

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Witness 2:	
Name: _____	Home address: _____
_____	Post Code: _____
Statement: _____	

Signature: _____	Date: ____ / ____ / ____

Details of person completing the form:	
Name: _____	Relation to Student (if not completed by the student):

Signature: _____	Date: ____ / ____ / ____

Once completed please return to the building reception before leaving where possible

Alternatively, e-mail within 5 working days of the incident to:

healthandsafety@psa-academy.org

OFFICE USE ONLY

Name: _____	Signature: _____	Date: ____ / ____ / ____
Action Taken: _____		

