



ARTHUR LOK JACK
GRADUATE SCHOOL OF BUSINESS
THE UNIVERSITY OF THE WEST INDIES

ACCIDENT / INJURY / INCIDENT REPORT FORM

A: DETAILS OF THE PERSON INJURED OR INVOLVED

1. Title: Prof, Asst. Prof, Dr, Mr., Ms, Mrs., Miss <i>(please circle where appropriate)</i>		
2. Surname.....	Given Name.....	
3. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
4. Date of Birth.....		
5. Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual / Contract <input type="checkbox"/> <i>(please tick where appropriate)</i>		
6. Department.....		
7. Position.....		
8. Home Address.....		
9. Telephone	Mobile.....	Home.....
10. Telephone	Work.....	Email.....
11. Supervisor / Manager.....		Contact number.....

B: DETAILS OF THE ACCIDENT / INJURY

Date and Time of the Accident / Injury/ Incident.....
Department / Room Number / Location.....

Description of the Accident/ Injury/ Incident:

a) What was the individual doing leading up to the time of the accident/ injury/ incident?

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b) Describe fully what happened, include the activity at the time of the incident and the course of action

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Did the Person suffer any injuries or damage? Yes No

Description of Injury / Condition :

a. Nature / Type of Injury (e.g. fracture, burn, bruising)

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b. Bodily Location of Injury / Condition

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Were the Police notified?

Yes

No

Was medical treatment received?

Yes

No

Were the person(s) transported to a medical facility?

Yes

No

Facility.....

Transportation Provided by.....

What other support was offered to and/or received by those involved?

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C. WITNESSES

Name and Contact Information of witnesses(s) to the accident

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D. SIGN OFF

Name / Address / Contact information of Person Completing the Report

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.....
.....

Signature.....

Date of Report.....

E. Diagram of Incident /Accident or further Comments: