



London College of Business Studies

London College of Business Studies Health and Safety Accident/Incident Report form

This form must be completed for any health and safety incident involving London College of business studies staff, students, contractors or visitors which occur on College owned or managed premises, or during the course of the College organised activities (e.g. field trips). It should be used to report all first aid incidents; work or premises related accidents and ill health; acts of violence (physical and verbal abuse and threats to staff, serious incidents involving students); injuries arising from road traffic accidents whilst at work and non-injury incidents that had the potential to cause harm (dangerous occurrences or “near misses”).

Please complete the form providing factual and accurate information only, then forward it to the Head of Administration. Further information on the College Health and Safety Policy can be found on the website or a copy obtained from the College Reception.

The form should be completed by the affected / injured person, their representative or a witness to the incident. If a First Aider attended he/she should complete the First Aid details. If you need more space continue on a separate sheet, which should be attached to the form.

Data Protection Act 2018: *The information provided on this form will be processed in accordance with the Data Protection Act and will only be disclosed within the College to members of staff who need to know it in order to carry out their duties. Relevant information will be disclosed outside the College where it is required by law to do so. In the event of a personal injury claim, information may be disclosed to the College Insurers. Anonymised data may also be disclosed to relevant staff and Student Representatives meetings*

About the Incident			
Name of person reporting incident:			
Department:		Contact details: (e-mail / login):	
Incident reported:	Date:	Time:	am / pm
Date of incident:	Time of Incident:		
Precise Location:			
What was being done at the time of the incident:			
What happened: Continue on a separate sheet if necessary. Please record details of anything that may have contributed to the incident (e.g. icy conditions).			
Nature of harm / ill health / damage:			

About the person affected			
Name in full:			
Address Home			
Contact details: e-mail:		Telephone:	
Department:		Position	
Age:		Gender (highlight):	Male / Female
Status: (highlight answer)	Employee	Student	Contractor Other (specify):
If visitor: College contact name:			
If contractor: Employer's name:			
If under 16: Name of adult responsible for their supervision:			
	(or the responsible adult if under 16):		
Signature of injured person			
Witness details: Give name and contact details of any witnesses below:			
Name(s):		Contact details:	
First Aid details (If a First Aider attended he/she should complete this section)			
First aid provided:	Yes / No / NA	Time of attendance:	
If Yes give details:			
Name of person giving First Aid:		Signature:	
Post incident action			
What happened to the injured person afterwards: Highlight using appropriate response below:			
Taken directly to hospital	Went home	Returned to work/activity	Other: Specify:
If you know the person, responsible for the activity / area where the incident occurred please give their details below:			
Name:		Designation:	Contact: e-mail or extn
Action taken to make the situation/environment safe: (e.g. report premises defects to Head of Administration/Operations Manager)			

Thank you for helping the College to provide a supportive, safe and healthy work environment by reporting this incident. Please forward this form to the Head of Administration/Operations Manager, who will ensure that an investigation is carried out.