



UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

UNIVERSITY OF LIMERICK CAMPUS SECURITY INCIDENT REPORTING PROTOCOL

Objective

The Campus Security Incident Report Form should be used to record details of serious incidents that occur on the UL campus. Examples of serious incidents include activities that result in significant damage to property, physical assault, theft, riotous behaviour or any incident that causes serious distress/disruption to others.

A formal mechanism for reporting of incidents is currently used by campus security staff. However, security staff might not have been requested to attend, or alerted to, all serious incidents that occur on campus. The attached form is intended to address this and it provides a standard procedure for the recording of serious incidents. This process is to be adopted by staff/managers of campus facilities in order to ensure that the University is officially advised, in a timely manner, of all serious incidents that occur on campus.

Submission

Staff/managers are required to complete this form within 24 hours of the occurrence of a serious incident. Hard copies of this form to be submitted as soon as possible to UL Security (Visitors Car Park) where it will be logged and circulated to the relevant personnel for information and/or action.

Electronic copies of this form should be to be sent to: UniversitySecurity@UL.ie

In addition to the above all incidents resulting in accidents involving injury to people or dangerous occurrences (i.e. near –misses) should also be reported to the UL Health and Safety Department.



Security Ref. Number: _____

Campus Security Incident Report Form

CONFIDENTIAL

Type of Incident _____

Date & Time of Incident _____

Date & Time Reported _____

Location :(Specify Area) _____

CCTV: (Camera Number) _____

INCIDENT INVOLVING: STUDENT
 STAFF
 VISITOR /OTHER

Contacted: (please tick as appropriate)

GARDAÍ SECURITY MEDICAL PERSONNEL COUNSELLORS SAFETY OFFICER

GARDA	FIRE BRIGADE	AMBULANCE
Called at:	Called at:	Called at:
Arrived at:	Arrived at:	Arrived at:
Arrests	Station:	Hospital
Gardai Name & Number	F.O. Name	Driver Name:

Complainant/Victim Details

Name: _____ Tel: _____

D.O.B. ___/___/___

Address: : _____

Student ID: _____

Family member contacted? _____ Name: _____

Security Ref. Number:

Particulars of incident and others involved:

Name of Person Sending Report (In capitals) _____

Signature _____

Contact Number _____

Date _____/_____/_____

Submit form as soon as possible to: UL Security, Visitors Car Park, UL or email to :

UniversitySecurity@ul.ie