

UNIVERSITY ACCIDENT REPORT FORM

- (i) Name of person involved in accident: _____
- (ii) Staff/Student ID Number: _____
- (iii) Address: _____

Phone: _____
- (iv) Occupation: _____
- (v) Employed at the University of Limerick: Yes: ☐ No: ☐
- (vi) If an employee of the University please state Department: _____

- (vii) If no, please elaborate: _____

- (viii) Particulars of accident: _____

- (ix) Place: _____
- (x) Time: _____ Date: _____
- (xi) Witnesses: _____ Phone No.: _____
Address: _____
Witness: _____ Phone No.: _____
Address: _____
Record names, addresses and phone numbers of other witnesses overleaf

(xii) When and to whom was the accident initially reported: _____

(xiii) Particulars of accident: circumstances under which it occurred: _____

use additional pages if necessary

(xiv) Details of injury:

- | | |
|--|--|
| ☐ Bruising, contusion | ☐ Suffocation, asphyxiation |
| ☐ Concussion | ☐ Gassing |
| ☐ Internal injuries | ☐ Drowning |
| ☐ Open wound | ☐ Poisoning |
| ☐ Abrasion, graze | ☐ Infection |
| ☐ Amputation | ☐ Burns, scalds and frostbite |
| ☐ Open fracture (i.e. bone exposed) | ☐ Effects of radiation |
| ☐ Closed fracture | ☐ Electrical injury |
| ☐ Dislocation | ☐ Injury not ascertained |
| ☐ Sprain, torn ligaments | ☐ Other, please specify _____ |

(xv) Indicate part of body most seriously injured (put an 'x' in one box only)

- | | |
|--|---|
| ☐ Head, except eyes | ☐ Fingers, one or more |
| ☐ Eyes | ☐ Hip joint, thigh, knee cap |
| ☐ Neck | ☐ Knee joint, lower leg, ankle |
| ☐ Back, spine | ☐ Foot |

- | | |
|---|--|
| ☐ Chest | ☐ Toes, one or more |
| ☐ Abdomen | ☐ Extensive parts of the body |
| ☐ Shoulder, upper arm, elbow | ☐ Multiple injuries |
| ☐ Lower arm, wrist, hand | ☐ Other, Please specify_____ |

(xvi) Consequences of the accident

Fatal

Date of resumption of work if
back

Anticipated absence if not back
4-7 days

Non Fatal

Day Month Year

8-14 days

More than 14 days

(xvii) Treatment_____

(xviii) Doctors report and recommendation_____

Signature of person completing report: _____ Date:_____

Print name and job title:_____

Signature of Head of Department:_____ Date:_____

Print name:_____

Digital signature of person completing the form (if preferred)

Digital signature of Head of Department (if preferred)

(Copies of the completed University Accident Report are to be sent to the Safety Officer and the Buildings & Estates Department)