UNIVERSITY *of* LIMERICK

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

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

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

UNIVERSITY OF LIMERICK
OLLSCOIL LUIMNIGH

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

(xvi) Consequences of the accident

Fatal ☐

Non Fatal ☐

Date of resumption of work if back

Anticipated absence if not back

4-7 days ☐

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)