



Please return this form to: The Health & Safety Team, 1KW 3.01
London School of Economics, Houghton Street, London WC2A 2AE

A copy of this form must be retained by department in question.

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

1. ACCIDENT / INCIDENT DETAILS 1 (To completed by a member of LSE staff)

Date of accident or incident :...../...../.....

Time :.....

Where did the accident/incident occur?

Describe what happened:

.....

Describe how the accident or incident occurred:

.....

.....

Did an injury occur? Yes / No

If Yes, complete Injured Person's Details below

2. INJURED PERSON'S DETAILS

* delete as applicable

Name:

Department:

Occupation (LSE job title where appropriate):.....

Status of injured person if not a LSE employee*, e.g. Student, visitor, contractor (please state business):

.....

Age:..... Gender:

Home Address of Injured Person:

.....

Private Telephone No.

If an employee, was the injured party on duty at the time of accident? Yes / No

What was the injured party doing at the time of the accident?

.....

.....

If a LSE employee did the injured person resume their normal duties Yes / No

If No, please specify length of absence or period unable to perform normal duties:

.....

3. NATURE OF INJURY AND TREATMENT

What was the nature of the injury? (e.g. cut, break, sprain)

.....

What part of the body was injured?

Was the injured person offered First Aid? Yes / No

If Yes, name of First-aider:

Did the injured person go to hospital as a result of the accident Yes / No

Was the accident witnessed? Yes / No

Name, department and contact address of witness (if applicable):

.....

Whom did the Injured Person notify of the accident?

Time and date notified:

Signature of Injured Person to confirm details in Sections 1 to 3 above:

..... Date:

Name and position of person completing this report:

.....

Date completed:

4. ACTION TAKEN TO PREVENT A RECURRENCE OF THE ACCIDENT/INCIDENT

To be completed by manager of the activity or premises involved in the accident/incident:

Can you confirm that the accident/incident took place as alleged?

.....

Please give details of action taken to prevent recurrence of accident/incidents

.....

.....

.....

.....

Name and position of manager:

PLEASE SEND THIS FORM TO HEALTH AND SAFETY TEAM, ROOM 1KW 3.01

For Health and Safety Team:

Date Report received:

Is it reportable under RIDDOR Yes / No

Date HSE informed:...../...../..... By:.....

RIDDOR No.