



## Accident or "Near Miss" Report Form

In accordance with the Occupational Health and Safety Policy of the College, all accidents and "Near Misses" have to be reported to the OHSW Co-ordinator as soon as possible following the incident.

1. Date of incident: \_\_\_\_\_

2. Time of incident: \_\_\_\_\_

3. Area or room in which incident occurred:

\_\_\_\_\_

4. Nature or incident:

\_\_\_\_\_

5. Injuries sustained and to whom:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Action Taken (First Aid, Ambulance etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Name of reporter: \_\_\_\_\_

8. Signature of reporter: \_\_\_\_\_ Date: \_\_\_\_\_