

Jesus College Incident Reporting

INCIDENT / ACCIDENT REPORT

All fields are mandatory

Type of Incident

Location of Incident/Accident

Time and Date of Incident/ Accident

HOW INCIDENT / ACCIDENT OCCURRED (Provide detailed information. Continue on reverse if necessary)

.....
.....
.....
.....
.....
.....

Details of corrective action taken:

.....
.....
.....
.....

Details of property lost or damaged including the value:

.....
.....
.....

Person Affected; Guest / Staff Member / Student / Contractor / Visitor

If Staff Member Job title & Department:

Male / Female Adult 18 – 65 Senior over 65

Personal details:

Full name:

Tel No:

Address: (Inc postcode)

If Guest: Room Number:

Date of Arrival:

Date of Departure:

Jesus College Incident Reporting

Witness Details: (If more than one – continue overleaf)

Full name:

Tel No:

Address; (Inc post code)

Male / Female / Staff member / Student / Contractor / Visitor

Recorded on CCTV; Yes / No Location of DVD:

Reported to the Police: Yes / No Crime reference number:

Reported to EHO: Yes / No Date reported & to whom:

Was person seen by Doctor?

Hospital conveyed to:

Working days lost:

Photographs taken?

If so please attach

.....
.....

HOW INCIDENT / ACCIDENT OCCURRED: (continued)

.....
.....
.....
.....
.....
.....
.....

Person Reporting:

Time / Date:

Jesus College Incident Reporting

**PLEASE ADD ANY INFORMATION THAT WILL BE HELPFUL AND
ENSURE ALL EVIDENCE IS PRESERVED**