



LIT Accident Report Form

LIT Ref. No.:

This form is to be completed by a member of staff, signed and sent to the Institute Health & Safety Officer immediately.

Section A - Details of Injured Party:

Name:				Date of Birth:		Phone:	
Address:							
Is the injured person:	Staff	Undergrad	Post Grad	Apprentice	Contractor	Visitor	
ID No.:				Department/Course:			

Section B - Details of Accident

Date:		Time:		Campus:	
Location on Campus:					
Summary of how the accident occurred:					
Was the accident caused by defective equipment or property? Explain.					
Details of Injuries:					
Number of Days absent:		From:		To:	

Section C – Treatment Received

None	First Aid	LIT Nurse	LIT GP	Own GP	Ambulance	Hospital
Further Details (Type of first Aid, Name of GP, transport to hospital)						

Section D – Witnesses

Name:					Phone No.:	
Is the Witness:	Staff	Under Grad	Post Grad	Apprentice	Contractor	Visitor
ID No:				Department/Course:		
Describe What Happened:						

Section E - Signatures:

Report Writer:		Date:	
Injured Party:		Date:	
Health & Safety Officer:		Date:	
Head of Department:		Date:	