

To be completed by the school principal/coordinator/programme manager or designated person in the case of a student, and
by the line manager/designated person in the case of an employee.

ACCIDENT/NEAR MISS REPORT FORM

1. Name of person involved in accident/near miss: _____

2. Address: _____

3. **STUDENT:** ☐ **Age:** **EMPLOYEE:** ☐ **VISITOR:** ☐

Please tick as appropriate ✓

4. School/Centre: _____

5. Name of teacher/person in charge, if the injured person is a student:

6. Particulars of accident/near miss:

7. Place: _____

8. Time: _____

Date: _____

9. a) Witness: _____

Phone No.: _____

Address: _____

b) Witness: _____

Phone No.: _____

Address: _____

10. When and to whom was the accident/near miss initially reported: _____

11. Any additional relevant information, follow up etc:

use additional pages if necessary

12. If injury occurred, details of injury:

Indicate type of injury (circle one only)

- | | |
|--|--|
| <input type="checkbox"/> Bruising, contusion | <input type="checkbox"/> Suffocation, asphyxiation |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Gassing |
| <input type="checkbox"/> Internal injuries | <input type="checkbox"/> Drowning |
| <input type="checkbox"/> Open wound | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Abrasion, graze | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Burns, scalds and frostbite |
| <input type="checkbox"/> Open fracture (i.e. bone exposed) | <input type="checkbox"/> Effects of radiation |
| <input type="checkbox"/> Closed fracture | <input type="checkbox"/> Electrical injury |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Injury not ascertained |
| <input type="checkbox"/> Sprain, torn ligaments | <input type="checkbox"/> Other, please specify _____ |

13. Indicate part of body most seriously injured (circle one only)

- | | |
|---|---|
| <input type="checkbox"/> Head, except eyes | <input type="checkbox"/> Fingers, one or more |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Hip joint, thigh, knee cap |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Knee joint, lower leg, ankle |
| <input type="checkbox"/> Back, spine | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Toes, one or more |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Extensive parts of the body |
| <input type="checkbox"/> Shoulder, upper arm, elbow | <input type="checkbox"/> Multiple injuries |
| <input type="checkbox"/> Lower arm, wrist, hand | <input type="checkbox"/> Other, Please specify _____ |

14. Absence from school/work

Date of return to school/work: _____

Anticipated absence if not back: 4-7 days ☐ 8-14 days ☐ More than 14 days ☐

Comment: _____

15. Treatment/First Aid: _____

16. Doctors report and recommendation if any: _____

Signature of person completing report: _____ **Date:** _____

Print name and job title: _____

Signature of Principal/Manager: _____ **Date:** _____

Print name: _____

Signature of First Aider: _____ **Date:** _____
(If treatment was given)

Print name: _____

Signature of Student/Employee/Visitor: _____ **Date:** _____
(If possible)

Print name: _____

Attach additional sheets if necessary

(In the event of a reportable accident, a copy of this form should be sent to Carmel Whelan, Safety Coordinator, Kildare and Wicklow Education and Training Board, Administrative Offices, Church Street, Wicklow Town and a copy retained in the School/Centre)