lyit - *Incident Report Form*

Instructions for completion of this form:
- Ensure **all sections & both pages** of this form are **completed** in as much details as possible, do not fill electronically.
- If you are a staff member complete this form with your Head of Function or Head of School or Department.
- If you are a student complete this form with your Lecturer or Head of School or Department.
- Once form is completed sign section F.

Return completed form to the Health & Safety Officer at the Main Building - Reception.

Privacy Statement:

LYIT requires persons to provide certain personal data in order to meet our legal obligation to which the controller is subject under Article 6 of the GDPR regulations.
LYIT will treat all information and personal data that you provide as confidential and hold it securely. Your personal data may be exchanged with the Health and Safety Authority in accordance with Safety Health and Welfare at Work Act 2005 and also with our insurance company and solicitors. Full details of the LYIT's data protection policy as well as information regarding your rights as a data subject are available on our Policies and Publications page or on request by emailing dpo@lyit.ie.

Section A: Injured Persons Details

First Name:	Surname:
Gender *(please tick √)* : ❑ Male ❑ Female	Date of Birth: / /
Is the injured person *(please tick √)* : ❑ Staff Member ❑ Student ❑ Visitor ❑ Contractor	
Staff ID Number/Student ID Number/Company Name:	
Occupation or Position/Course of Study & Year:	
Department:	
Manager/ Head of Department:	
Injured Persons Phone No:	
If you are a visitor or contractor please describe your reason for being at the institute:	

Section B: Incident Details

Date of Incident:	Time of Incident: : ❑am ❑pm
Location at LYIT *(please tick √)* : ❑ Campus Grounds ❑ Main Building ❑ CoLab ❑ An Dánlann	
Location at Killybegs: ❑ Campus Grounds ❑ Main Building ❑ Millennium ❑Tourism ❑ Library (– Barry's)	
Exact area/location where the incident occurred:	
Describe in detail how the incident occurred:	
Cause of Incident or Incident Trigger?	

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Section C: Injury Details

Describe the type of Injury:	

Indicate part of the body most seriously injured (please tick √ and ***circle*** *Left or Right* ***L/R*** *if appropriate):*

❑ Head, except eyes	❑ Chest	❑ Hand L/R	❑ Foot L/R
❑ Eyes *L/R*	❑ Abdomen	❑ Fingers	❑ Toes
❑ Neck	❑ Shoulder, upper arm, elbow	❑ Hip, Thigh, Knee L/R	❑ Numerous parts of body
❑ Back, spine	❑ Lower Arm, wrist *L/R*	❑ Lower leg, ankle area	❑ Multiple injuries

Other (please specify):

Section D: Medical Attention

What medical attention did the person receive? *(please tick √)*

❑ First Aider	❑ Institute Nurse	❑ Hospital (A&E Department)
❑ Institute Doctor	❑ GP	❑ No medical attention required

If applicable - Name & Medical Practice of GP:	If hospitalised - Name of Doctor & Hospital attended:

What medical treatment was administered by GP?

If admitted to hospital, provide details of length of stay & medical treatment received:

If further medical treatment is required outline details:

How many days was the injured person absent from the institute or work? _____day(s)

Section E: Witness Statement

Was there a witness to the incident? *(please tick √)* ❑ Yes *or* ❑ No

Name of Witness:	Phone Number:
Witness Statement – describe in detail how the incident occurred:	
	Signature of Witness:

Section F: Signatures

Signature of Head of School/Function or Dept./Lecturer:	Signature of Injured Person: