



Instructions

All incidents resulting in personal injury, dangerous occurrences, damage to property and near misses must be reported to the SIRC Office on the day of occurrence or as soon as possible thereafter by completing this incident report form in full and returning it to the UCD SIRC Office at sirc@ucd.ie. The SIRC Office can also be contacted on Ext. 8768 / 8771 or 01-716 8768 / 8771.

In the case of a serious incident or if the emergency services are required, contact the UCD 24 hour Emergency Line on Ext. 7999 / 01-716 7999.

Incidents should also be reported to your line manager or local School / Unit Safety Coordinator, in line with local arrangements.

Personal Data

The information in this form is collected in relation to the University's obligations under the Safety, Health & Welfare at Work (General Application) Regulations 2007 and terms of insurance. GDPR exemptions apply to the collection, retention and processing of this information. The information will be held by the UCD SIRC Office and will be treated confidentially and will be subject to security and data retention policies of UCD. The information collected may be used to aid prevention of accidents and defence of potential claims. Selected information may be shared with designated officials, insurers/their agents, the HSA or PIAB, if necessary. For further information visit www.ucd.ie/sirc

Injured Person Details

Name: _____ Sex : _____ Age: _____
Address: _____
Telephone Number: _____
UCD Non UCD
Staff [] Postgraduate Student [] Other Student [] Visitor [] Contractor []
UCD School/College: _____
Course: _____
Student No: _____

Incident Information

Date: _____ Time (24hr Clock): _____ Campus: _____
Location: _____

Injury or Illness Details

Description of injury or illness: _____
First aid treatment given: _____
First aid treatment given by : _____ Contact Number: _____
Taken to hospital (Y/N): _____ Hospital: _____ Admitted/discharged: _____
Taken to hospital by: _____ Contact Number: _____
Anticipated absence from work (days): _____

Incident Details

Description of the Incident: _____
Reason for being in location: _____
Describe the Work/Activity being done at time of the incident: _____

Incident Details Continued

Relevant conditions (raining, dark, etc.): _____

Describe the cause of incident and main hazards involved: _____

Provide details of personal Protective Equipment being used: _____

Provide details on any machinery or plant involved and any defects noted in same: _____

Sketch if required

Witnesses

Table with 3 columns: Name, School/College address, Telephone number

Road Incidents

Road accidents details: _____

Table with 4 columns: Driver, Make of Vehicle, Model of Vehicle, Vehicle Registration No.

Additional Information

Any Additional Information: _____

Reported By: _____ Position: _____

Contact No. _____ Date: _____

For SIRC Office Use only

Date received: _____ Reference Number: _____

SUBMITT WITHIN 24Hrs TO UCD SIRC OFFICE