



Sur University College

Health and Safety Incident Form

To report an incident/accident/injury, please follow the Sur University College reporting Procedures as per the Health & Safety Policy (Article 5, item F: REPORTING ON HEALTH AND SAFETY ISSUES) then, submit the following incident reporting form.

General instructions to complete the form:

- Please use the form below to report any health and safety incident (including any violations of policies, procedures related to H & S protocols) involving Sur University College staff, students, tenants, contractors or visitors which occur on College owned or managed premises, or if you experienced any safety issues, potential hazard that could cause harm, or a near-miss (any unplanned situation/incident, that didn't cause any damage or injury, but it could cause in the future).
- After completing the form, sign it and submit to your HOD/Manager as soon as possible (Please note that, if you require immediate assistance, please refer to the Emergency Contacts Information. If you are in a life-threatening emergency please call the Public Authority for Civil Defence & Ambulance immediately (9999) and notify the HOD/Manager).
- HODs/Managers should complete the assigned part of the form that is related to the incident occurred in their department/units/premises, then they will submit to the Senior Manager for Administrative & Financial Affairs for further procedures.
- The Senior Manager shall then forward to H & S Committee for further actions.
- H & S Committee shall review the incident reports to identify health and safety issues and the emergency cases in campus and make recommendation feedback to the higher authorities for future precautions.

Any personal information collected on this form will be kept confidential and it will be only be used for the incident reporting purposes.

Health & Safety Incident Report Form	
Reported by:	Department:
Designation (Who are you):	
<input type="checkbox"/> Faculty <input type="checkbox"/> Admin Staff <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor	
Email:	Phone: Ext:
Date of incidence:	Time of incidence:
Location of the incident:	Date of reporting:
Incident Type:	
<input type="checkbox"/> First Aids <input type="checkbox"/> Fire Safety <input type="checkbox"/> Emergency exits <input type="checkbox"/> Injury illness	
<input type="checkbox"/> Environmental <input type="checkbox"/> Health <input type="checkbox"/> Violation of precautionary measures (e.g., COVID-19)	
<input type="checkbox"/> Other (Please, specify:	



Brief Description of the incident:		
.....		
Attach: Supportive documents (if any)		
.....		
Name:	Signature:	Date:
This section to be completed by the respected HOD/Manager		
Possible causes and the suggested corrective actions (preventative measures):		
.....		
Name:	Signature:	Date:
For Senior Manager for Administrative & Financial Affairs Use		
Corrective action have been or will be done to prevent a recurrence of the incident:		
.....		
Name:	Signature:	Date:
For HSDM Committee Use		
Received by:		Investigated by:
Recommendations:		
.....		
Name:	Signature:	Date:
Report Passed to:		Date: