



RISK, HEALTH and SAFETY
Higher College of Technology
Al-Khuwair, Muscat, Sultanate of Oman



INCIDENT & ACCIDENT REPORTING FORM

INFORM immediately your HSE Coordinator for any major/critical incident/accident.
INFORM immediately your Head of Section and/or Head of Department for any major/critical incident/accident.
For incidents/accidents occurring outside offices/rooms/laboratories, submit directly to your HSE Coordinator.
To be completed during or immediately after the incident/accident. For Block and/or Section filing.

Department	Section	
Person involved	<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Others: _____	
Name	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
ID Number	Contact number	
Course attending	Lecturer/Advisor	
Incident Location	<input type="checkbox"/> Room/Office:_____ <input type="checkbox"/> Outside, specify: _____	
Incident reported by	Date of incident	
Nature of Incident (tick all that are applicable)	<input type="checkbox"/> Personal injury, <input type="checkbox"/> minor <input type="checkbox"/> significant <input type="checkbox"/> critical <input type="checkbox"/> Illness, <input type="checkbox"/> minor <input type="checkbox"/> significant <input type="checkbox"/> critical <input type="checkbox"/> Glassware/material breakage, <input type="checkbox"/> minor <input type="checkbox"/> significant (> 5 items; expensive) <input type="checkbox"/> Equipment/instrument, <input type="checkbox"/> partial <input type="checkbox"/> total breakdown/damage <input type="checkbox"/> General property damage/vandalism <input type="checkbox"/> General Property loss <input type="checkbox"/> Fire, specify where the fire started from: _____ <input type="checkbox"/> Spill: <input type="checkbox"/> Chemical <input type="checkbox"/> Biological <input type="checkbox"/> Physical Assault (hitting, fighting, pushing, shoving, etc.) <input type="checkbox"/> Harassment (bullying, verbal, electronic, inducing duress, coercion)	
Details of Incident (What, When, Where, Why & How)	<hr/> <hr/> <hr/> (Provide the nature of incident/accident, existing use of PPE or other safety measures, and as applicable, extent of injury and specify the body part; give details of how and precisely where the incident/ accident took place; describe what activity was taking place, i.e. class, exams, walking along corridor, etc.); PROVIDE ADDITIONAL SHEET/S AS NEEDED. PHOTOS MUST BE ATTACHED AS APPLCABLE.	
Immediate Response (tick all that are applicable)	<input type="checkbox"/> None/Nil <input type="checkbox"/> First aid done <input type="checkbox"/> Clinic <input type="checkbox"/> Ambulance/ Civil Defence/ROP <input type="checkbox"/> Outside clinic <input type="checkbox"/> Notified the parent/guardian/family member <input type="checkbox"/> Person went home <input type="checkbox"/> Fire-fighting materials used <input type="checkbox"/> Clean-up/spill kits/shower <input type="checkbox"/> Evacuation	

(Signature over PRINTED NAME)

INVOLVED PERSON	DATE	ATTENDING STAFF	DATE	PERSON WHO REPORTED (as applicable)	DATE

For Block/Section Coordinators/Supervisors/ Attending staff:
 Would the incident/accident require further investigation? No Yes. If yes, notify the HSE Coordinator immediately.