



THE UNIVERSITY OF THE WEST INDIES
HUMAN RESOURCE MANAGEMENT DIVISION
MONA CAMPUS

IMMEDIATE ACCIDENT/INCIDENT REPORT FORM

Please Note: (i) In case of personal injury, this form is to accompany injured staff member/student to the University Health Centre or Hospital;
(ii) In case of property/equipment damage, this form is to be sent to the Human Resources Office.

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

DEPARTMENT :

DATE:

PERSONAL DATA

NAME: (Surname) (First) (Middle) ID NUMBER
OCCUPATION/ POST: CONTACT#:

PROPERTY/EQUIPMENT TYPE NATURE OF DAMAGE

ACCIDENT INFORMATION

LOCATION OF INCIDENT /ACCIDENT DATE AND TIME OF INCIDENT /ACCIDENT
BRIEF DESCRIPTION OF INCIDENT /ACCIDENT

I CONFIRM THAT THE ABOVE OCCURRENCE/ ACCIDENT WAS REPORTED TO ME.

Supervisor /Manager's Name / Signature

DOCTOR'S DIAGNOSIS AND REMARKS

DATE DOCTOR'S NAME AND SIGNATURE

Must be returned to the Human Resources Management Division : Occupational Safety and Health