

IADT ACCIDENT REPORT FORM

1. DETAILS OF ACCIDENT

To be completed by Injured Party

Date of Accident:

Time of Accident:

Location in which Accident occurred (*exact Institute location e.g. Building name and room number*):

Building Name:

Floor Level (*for Buildings only*):

Room Number (*if applicable*):

Describe what you were doing immediately prior to the Accident:

Describe what actually happened:

Did you have to stop the activity?:

Was the activity supervised?:

If "Yes", please give details:

2. WHAT HAPPENED NEXT?

Did you have to receive Medical Treatment on campus?:

If "Yes", please give details:

**As a result of this Accident, did you have to visit A&E/hospital/GP/
Medical Centre:**

If "Yes", please give details:

**Have you taken any certified sick leave or self-certified sick leave as
a result of this Accident/Incident?:**

If "Yes", please give details:

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4. DETAILS OF THE INJURY:

Indicate the type of Injury (*tick one box only*)

Bruising, contusion

Concussion

Internal Injuries

Open wound

Abrasion, graze

Amputation

Open fracture (i.e., bone exposed)

Closed fracture

Dislocation

Sprain, torn ligament

Suffocation, asphyxiation Gassing

Drowning

Poisoning

Infection

Burns, scalds, frostbite

Effects of radiation

Electrical injury

Injury not ascertained

Other

Indicate the part of the body most seriously injured (*tick appropriate box and indicate on the diagram below*)

Head, except Eyes

Eyes

Neck

Back, Spine

Chest

Abdomen

Shoulder, upper arm, elbow

Lower arm, wrist

Hand

Fingers, one or more

Hip joint, thigh, knee cap

Knee joint, lower leg, ankle area

Foot

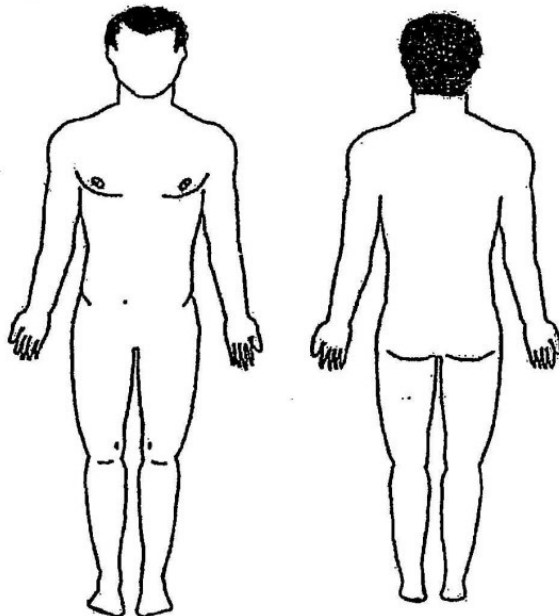
Toes, one or more

Extensive parts of the body

Multiple injuries

Other

Using the highlighter tool, please indicate the part of the body injured



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The details in this section are required for HSA reporting purposes, where applicable

5. DETAILS OF INJURED PARTY

Name:

Address:

Age:

Gender:

The Injured Party is a:

If a Student, please provide a student number

Nationality:

Occupation:

**Length of Service in
IADT (years and months):**

On the date of the accident/incident, please confirm:

a) **Time of starting work/study:**

b) **Normal time of finishing work/study:**

6. REPORTING DETAILS & WITNESSES

Person the Accident was reported to:

Name of Tutor/Supervisor*(if applicable):*

Date Reported:

Time Reported:

Were there any witnesses?

If "Yes", please provide contact names and telephone numbers:

Name:

Telephone No.:

Name:

Telephone No.:

Signature:

Once completed and signed, please email this form to Accidentreport@iadt.ie