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**SHEP 13-B**

**Work related Illness Report**

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This form is to be used to report accidents that have led to injuries or incidents or dangerous occurrences that while not causing injuries had the potential to cause them e.g. near misses such as failures of equipment, items falling from height.

**Send** theform once completed to:

Safety Health and Environmental Office, Room 01.233, Basement floor, Jenner Wing Tel Ext : 5365

Or e-mail to health@sgul.ac.uk

**Copy** the completed form to your line manager or Principal Investigator

**1. Name of ill person**

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**2. Personnel grouping of ill person**

Staff Under-graduate Student Post-graduate Student

Visitor Contractor

**3. What was the illness / condition acquired?**

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**4. Where was the illness / condition acquired**?

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**5. How was the illness / condition acquired**?

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**6. Please detail any treatment given**

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**7. Will the employee be absent from work for more than 7 days and if so why?**

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**8. Normal or term time location / address of injured person**

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**9. Was a G.P. contacted?**

Yes No

**10. Was any treatment required?**

No G.P. prescription Hospital admission

**11. Name of person or reporting illness**

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**12. Personnel grouping of individual making report**

Staff Under-graduate Student Post-graduate Student

Visitor Contractor

**13. Normal or term time location / address of person reporting event**

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**14. Date illness reported**

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**17. Signature of person reporting event**

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