

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

ACCIDENT/ INCIDENT INVESTIGATION REPORT FORM

PLEASE TYPE OR PRINT CLEARLY IN BLOCK CAPITALS

DEPARTMENT:		DATE OF REPO	DRT	_			
		PERSONAL DATA			AGE		
NAME:		MIDDLE		UWI IDENTIFICATION NO.		SEX M F	
SURNAME FIRST OCCUPATION/ POST/ PROGRAMME OF STUDY:		MIDDEL		No. of years with University		rsity	
		INJURY/ ILLNESS					
Nature of Injury/ Illness							
Date Injury Reported/Illness Diagnosed		Lost Workdays/Schooldays From: No. of Days of restricted w		rk			
	·	PROPERTY DAMAGE					
Nature of Damage		Estimated Repair Cost:		Date Damage was Reported/ Discovered			
	•	THE ACCIDENT/INCIDE	ENT				
Date of Accident/ Incident Time of Accident/ Exact Location of Accident/ Incident			/ Incident	nt			
Name of Witness 1 Nam		of Witness 2 Name of Witness 3		Witness 3			
DANICE/ DEFICIENCY	FINDI	NGS AND RECOMMEN	DATIONS	DEDCON DESCO	ALCIDI T.		
CAUSE/ DEFICIENCY		RECOMMENDATION		PERSON RESPO CORRECTIVE AC		FOR	
Investigated by: (Supervisor)		Date				_	
Reviewed by: (Head)		Date:					