



St Mary's
University
Twickenham
London

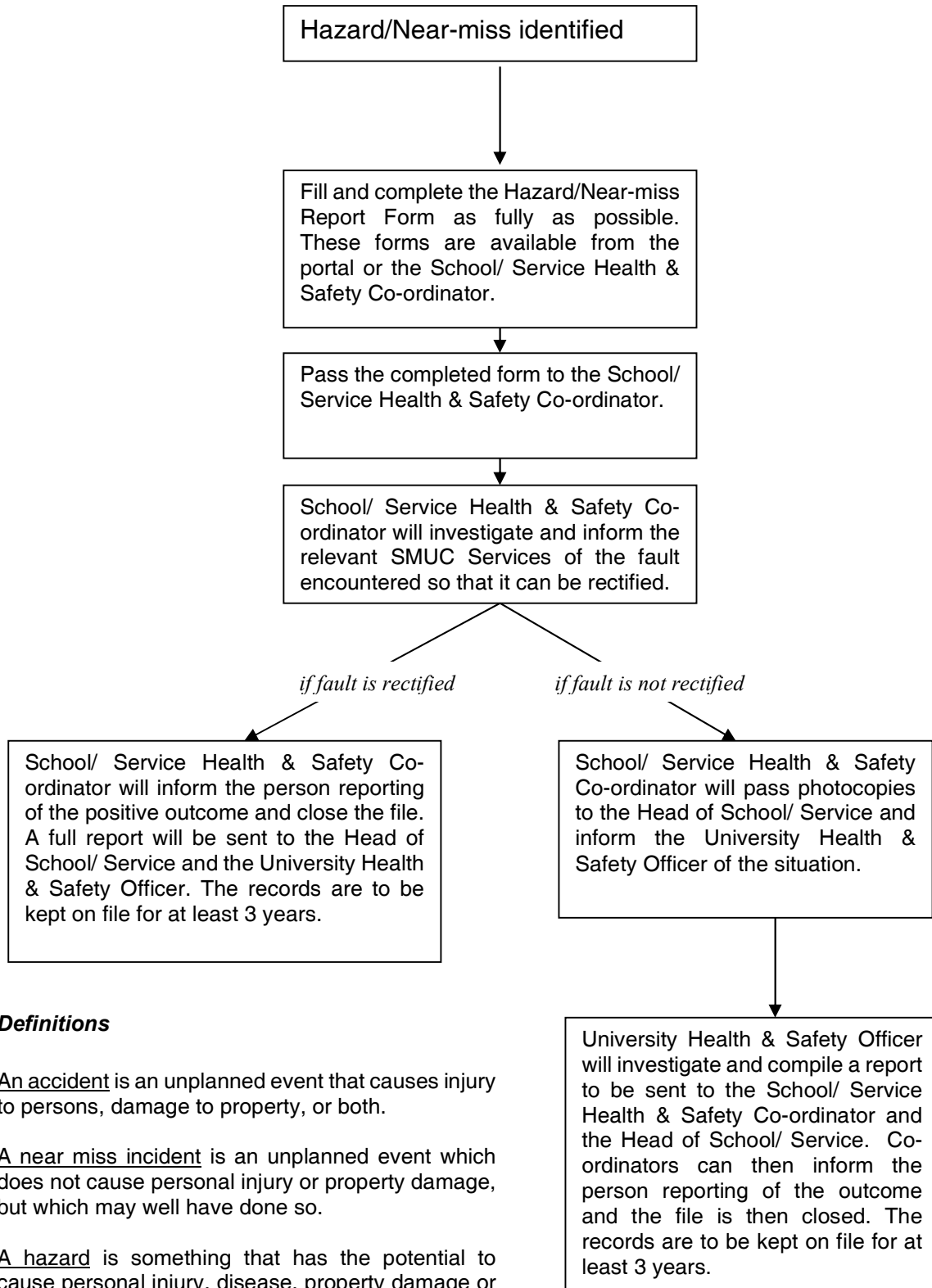
Hazard/ Near-miss Reporting Procedures Staff Handbook

HSPG 1b
(Version 4)
August 2019

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HAZARD/NEAR-MISS REPORTING PROCEDURES

This form does not replace the use of the Estates Works Request system for repairs. This form does not replace and should not be used as or in conjunction with an accident reporting form. This form is to be used only to report hazards/near-misses in your place of work.



Hazard/Near-Miss Report Form

This form must be completed for any injury, hazard/ near-miss occurrence in respect of staff, students, contractors and visitors

GUIDANCE

- Please complete the form in BLACK INK and in BLOCK CAPITALS if possible.
- If you have any queries when completing this document, please ask your Departmental Coordinator for advice or contact the Health and Safety Office on extension number 4263.
- The completed form must be passed on to the Health & Safety Office as soon as possible.
- Keep a copy for your own record.
- This form does not replace the use of the Facilities Works Request system for repairs.
- This form does not replace and should not be used as or in conjunction with an accident reporting form.
- This form is to be used only to report hazards/near-misses in your place of work.

To be completed by injured person reporting the hazard/ near-miss

SECTION 1 PERSONAL DETAILS

GUIDANCE

SECTIONS 1, and 2 to be completed by the person reporting the hazard/ near-miss.

Please tick as appropriate:

Hazard

Near-miss
Occurrence

Both

☐
☐
☐

Full Name:

Title:

Prof

Dr

Mr

Mrs

Ms

☐
☐
☐
☐
☐

Gender:

Male

☐

Female

☐

Home Address:

Contact Number

Postcode

Date of birth:

Job/Course Title:

Status
Please Tick:

Staff

☐

Student

☐

Contractor

☐

Visitor

☐

SECTION 2 HAZARD/ NEAR-MISS RECORD

GUIDANCE

This section concerns details of the hazard/ near-miss occurrence.

Please be as specific as possible with regard to location (address, postcode, room number etc).

When did you notice this hazard/ experience this near-miss? Date of occurrence	DD / MM / YY <input style="width: 20px;" type="text" value=" "/> / <input style="width: 20px;" type="text" value=" "/> / <input style="width: 20px;" type="text" value=" "/>	Time of occurrence: (Please use 24hr clock e.g. 0000)	Hrs : Mins <input style="width: 20px;" type="text" value=" "/> : <input style="width: 20px;" type="text" value=" "/>
Where did it happen? (state which room, bldg. or place)	<input style="width: 100%;" type="text"/>		
What/ how did it happen? Give the cause if you can.	<input style="width: 100%;" type="text"/>		
Is there any suggestions you can make to improve this issue? If so please give details (e.g. repair floor, clean area, etc.)	<input style="width: 100%;" type="text"/>		

GUIDANCE

PRELIMINARY INVESTIGATION SECTION

The Departmental Manager/Supervisor/Lecturer in charge must complete this section.

SECTION 1 INVESTIGATOR DETAILS

GUIDANCE

To be completed by the Departmental Health & Safety Coordinator/Manager/Supervisor/Lecturer. Please complete contact details in full.

Full Name:

Title:

Department/School:

Extension Number:

SECTION 2 LOCAL INVESTIGATION GUIDANCE

GUIDANCE

Please ensure that all details of hazard /near-miss are considered with full details.

Observations and Comments:

Action taken or proposed to eliminate hazard or minimise risk:

Please send completed form to the University Health and Safety Office

SECTION 3 INVESTIGATION BY THE H&S OFFICE

GUIDANCE

Please summarise hazard/ near-miss 'cause and effect' and action taken. Continue on a separate sheet if necessary. Include full details of what you intend to do to prevent a similar accident occurring again. This should include training, induction and amendments to risk assessments if required.

Observations and Comments:

Action taken or proposed to eliminate hazard or minimise risk:

Any referral details:

Date of completion:

Full Name:

Title:

SECTION 4 INFORMATION & FEEDBACK

GUIDANCE

Please ensure that all questions are answered and that copies of relevant documents are securely attached to the report/investigation forms.

Have the following persons been informed?

Person reporting

Yes ☐

No ☐

Departmental Health & Safety Coordinator

Yes ☐

No ☐

Head of School/ Service

Yes ☐

No ☐

GUIDANCE

SECTION 5

FOR USE BY HEALTH AND SAFETY OFFICE

Received in Health &
Safety Office by:

Ref No

Date:

 / /

Further investigation required?

☐

Document title	Hazard/ Near-miss Reporting Procedures
Version	3
Person responsible	Estates/ Facilities/ HSO
Author	Terry Bhogal/ Graham Smith
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History (where discussed / who circulated to / committees considered	HSC