**The University of Hong Kong**

Incident Report

Date and time of incident:

Name of Injured person:

Department:

Position:

Precise location (room, floor, building):

Description of incident:

Action taken to minimize risks:

Conclusions:

Lessons learned:

What changes are to be made to prevent recurrence?:

Report completed by:

Signature:

Contact Tel. No.:

Date:

|  |  |  |
| --- | --- | --- |
| Prepared by: Safety Office | Approved by: Committee on Health, Safety and Well-Being | Issue Date: May 2012 Last updated: Oct. 2018 |
| Accidents, Dangerous Occurrences & Near Misses | Page 5 of 5 | Next Review Date: Oct. 2020 |

*(d)Irene/…/Reporting accidents May2012*