UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

FACILITIES MANAGEMENT
OCUPATIONAL HEALTH AND SAFETY
Technical Services Building Room 2-75
Tel (012) 420-3308
E-mail yolanda.bekeur@up.ac.za

ACCIDENT / INCIDENT / NEAR-MISS PRELIMINARY REPORT FORM

***PLEASE NOTE**: Return this form to the Safety Coordinators at the OHS-Division within 24 hours of accident / incident / near–miss occurrence:*
***Carol Mbele**: carol.mbele@up.ac.za*
***Lynley Carols:** lynley.carols@up.ac.za*
***Sonja Sauer:** sonja.sauer@up.ac.za*
***Gift Nkosi:** gift.nkosi@up.ac.za*

1. Date of incident: ..... Time: .....

2. Who was the injured / affected person?
NOTE: If it is a UP employee who is injured, a WCL2 form must be completed and submitted to the Human resources Department within 24 hours. The contact details of the relevant HR practitioner/s is on the WCL2 form.

☐ UP- Employee ☐ UP- Student
☐ UP- Contractor ☐ UP-Visitor

3. Full name of i**njured person / affected person:** .....

4. Personnel / Student number: .....

5. ID number: .....

6. Address of injured / affected person: .....

7. Contact details (**phone number and email address**):.....

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8. Full names of **witnesses**:.....

9. Contact details (**phone number and email address**):.....

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☐ Male ☐ Female

10. Area where incident took place (e.g. Botany lab 2.2): .....

11. Type of injury (if applicable): .....

12. Details of accident / incident / near-miss: .....

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SIGNATURE OF INJURED/AFFECTED PERSON **DATE**