



UMEÅ UNIVERSITY

Reporting incidents

(An event which was about to cause an occupational injury or other injury, but where favorable circumstances resulted in the event merely presenting a reminder of the risks present)

Name:		
Work site (department, room number):		
Date:	Day of week:	Time:
Describe the progress of the incident (What happened? Where did it happen? Who was present? Any chemical substances involved, etc.)		
What was the likely cause of the incident?		
What were the potential consequences of the incident? (Fire, risk to health, risk to the environment, injury, other)		
What factors contributed to the incident? (Mark everything yes or no. Write comments where applicable)		
<ul style="list-style-type: none">• Defects in technical equipment or safety devices?		
<ul style="list-style-type: none">• Shortcomings in maintenance or servicing?		



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<ul style="list-style-type: none">• Shortcomings in work instructions?
<ul style="list-style-type: none">• Shortcomings in distribution of tasks?
<ul style="list-style-type: none">• Shortcomings in training?
<ul style="list-style-type: none">• Shortcomings in communication?
<ul style="list-style-type: none">• Shortcomings in work organisation?
<ul style="list-style-type: none">• Stress or shortage of time?
<ul style="list-style-type: none">• The person's own inattention?
Why was nobody injured?
Have any similar incidents happened before?
Was it possible to have prevented what happened?
What action has been taken in connection with or since the incident?



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What action must be taken to prevent similar incidents happening again? See action plan. (New procedures, technical measures, protective equipment, training, etc.)			
Action plan:			
Activity/measure	Who is responsible	Completion date	Follow-up date
If the incident was serious, has it been reported to the Swedish Work Environment Authority? <p style="text-align: right;">Yes <input type="radio"/> No <input type="radio"/></p> <p>(If there is reason to believe that the incident may cause any form of ill-health in the long term, a work injury report should be compiled)</p>			
Other:			
Are there any tasks/situations where similar incidents could occur? Is there any need for action in these cases, or would it be a good idea to notify the relevant people so as to call their attention to the risk?			
Place/date:			
Name of manager:		Signature of manager:	
Name of employee:		Signature of employee:	
Name of work environment representative:		Signature of work environment representative:	

The manager (head of department/equivalent) investigates the incident and sends or emails the completed form to the work environment coordinator at the Building Office. The department/units also retains a copy of the incident.

The manager (head of department/equivalent) may also contact the university's central work environment coordinator for advice and support with the investigation, if so required.