

UNIVERSITY DANGEROUS OCCURRENCE FORM

1. Location where incident took place (Building Room No./Area):

2. Type of work being undertaken at the time of the incident:

3. Circumstances of the incident (description and cause):

4. Steps taken to prevent a reoccurrence of this type of incident:

Signature of person completing report:

Date: _____

Print name and job title: _____

Signature of Head of Department or alternate:

Date: _____

Print name: _____

(Copies of the completed Dangerous Occurrence Report are to be sent to the Safety Officer
and the Buildings & Estates Department)