

Kuwait University Health Sciences Center



INCIDENT REPORT

PAF	RT I: PERSON INVOLVED							
Nar		Su	pervisor:					
	culty/Department:	Oc:	cupation: Staff Visitor			Student Other		
Inci	dent Location:	Incident Date & Time:						
(e.g. FOD 1-37)			/ / (e.g. 20/09/2012)			AM / PM (e.g. 09:20 AM)		
1.	escribe what happened. In your description, include answers to the following: What were you doing before the incident occurred? What were the conditions of your work area? Was that a routine operation? (YES/NO) How did you respond? Describe any equipment, machinery, or instruments in use at the time of the incident and their potential contribution to the incident.							
	Were you adequately trained prior to engaging in				YES			NO
	Was the use of PPE necessary during the given of	oper	ation?		YES			NO
4. 5.	Did you wear your PPE? Are there any specific safety rules which apply to	this	procedure?		YES YES		_	NO NO
	Were they followed?	uno	procedure		YES			NO
	Are they adequate?				YES]	NO
8. □ □ □	hat do you perceive to be the causal factors behind this incident? adequate management oversight							
	Was there any property loss or damage? If YES, explain.				YES	□]	NO
				· · · · · · · ·			 	
	Did you sustain any injuries? Were they treated? If YES, attach your medical re	epor	t.		YES YES]	NO NO



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PART II: SUPERVISOR

1.	How did you learn about the incident?							
 2.	What do you perceive to be the causal factors behind		this incident?					
	Inadequate management oversight		Lack of appropriate safety policy					
	Proper equipment not used or not supplied		Inadequate training					
	Lack of PPE		Poor work environment					
	Other							
3.								
	•							
		•••						
1	How do you plan to prevent future recurrence of							
4.			ins incluent? What is your expected date of					
	implementation?							
••••		• • •						
•••••								

NAME	DATE & SIGNATURE
Person Involved:	
Supervisor:	

NOTE: COMPLETED REPORT SHOULD BE DELIVERED TO YOUR FACULTY REPRESENTATIVE(S) IN THE HSC LABORATORY AND ENVIRONMENTAL SAFETY COMMITTEE.