**University of Stirling**

**Environmental Incident Report Form**

**PART A**

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| --- | --- | --- |
| 1. What is your full name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. What is your job title? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Were you directly involved in the event? YES/NO CAPACITY   *If no, state capacity in completing this*  *form*   1. On what date did the event occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. At what time did the event happen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Did the event occur:  On Campus   External Facilities  In a public place    *Further details should be given in the box below*   |  | | --- | | **Brief description of the location of the event** |  1. What was the nature of the event?  Incident   Near miss   1. What was the nature of the risk?  Fire   Explosion  Spillage, leakage or uncontrolled discharge of substances *(other than special, hazardous or restricted substances)*  Spillage of special, hazardous or restricted substances *(e.g. oil, detergent, paint)*  Emission to air of gas, dust, fumes or other pollutants  Pollution of watercourses, surface water drains, foul water sewers  Contamination of land, flora, fauna  Damage to archaeology, listed building, local heritage, etc.  Noise, litter, light, odour, vibration or other nuisance  Other risk *(please describe below)*  **Further details on the nature of the risk**   |  | | --- | | 1. Please describe what happened.   *Give as much detail as you can. For instance, the name of any substances involved, what happened leading up to the event, the part played by any people including third parties, the names of any witnesses, any action taken at the time of the event.* |  1. Please Describe any impact/damage caused by the incident. 2. Please include any relevant pictures or extra information that would be useful. |

Signature: *signature of person completing Part A*  Date of completing this form:

After completion of **Part A**

* Please forward a copy of this form to: safetyandenvironment@stir.ac.uk
* Retain one copy for your own records

**PART B**

1. Preventative or corrective action identified and agreed

*Action to be taken*

*By whom*

**Deadline for implementation**

**Signature:**

*of person with overall responsibility for developing action plan.*

**Position:**

**Date of implementation:**