

NATIONAL TAIWAN UNIVERSITY

Incident Report Form (1st stub)

1. Venue representatives shall report any of the following incidents to Campus Security (TEL: 02-3366-9110) **within eight hours** after their occurrence: 1) A death 2) An incident with three or more victims 3) An incident with one or more victims requiring hospitalization
2. This report form contains two stubs, the first of which is to be filled out and emailed to epc@ntu.edu.tw **within three working days** after the incident.
3. Please prepare **two copies** of this report form (including both stubs); one to be submitted to the Environmental Protection and Occupational Safety and Health Center (EHS Center) within two weeks after the incident, and the other to be retained by the academic program or unit for recordation. Please direct any inquiries to the EHS Center (TEL: 02-3366-2003).

Description of the incident	Time and Date: ____:____:____, ____/____/____ (H:M:S M/D/Y)
	Location: Academic Program: _____ Building: _____
	Floor: _____ Room/Office: _____
	Name of the victim: _____ Gender: _____
	Name of the filer: _____ Job title: _____ Phone no.: _____ Filing date: _____
Brief description:	
Signature or seal of the venue representative:	

NATIONAL TAIWAN UNIVERSITY

Incident Report Form (2nd stub)

1. Venue representatives shall report any of the following incidents to Campus Security (TEL: 02-3366-9110) **within eight hours** after their occurrence: 1) A death 2) An incident with three or more victims 3) An incident with one or more victims requiring hospitalization
2. This report form contains two stubs, the first of which is to be filled out and emailed to epc@ntu.edu.tw **within three working days** after the incident.
3. Please prepare **two copies** of this report form (including both stubs), one to be submitted to the EHS Center within two weeks after the incident, and the other to be retained by the academic program or unit for recordation. Please direct any inquiries to the EHS Center (TEL: 02-3366-2003).

Handling status:	Name of the incident handler:	Job title:	Phone no.:
	Detailed description of the incident and handling results:		
Root cause(s) of the incident:	<input type="checkbox"/> Lack of awareness of danger <input type="checkbox"/> Lack of awareness of safe working methods <input type="checkbox"/> Insufficient work skills <input type="checkbox"/> Lack of planning <input type="checkbox"/> Personal protective equipment not used <input type="checkbox"/> Incorrect substances used <input type="checkbox"/> Fatigue or lack of concentration <input type="checkbox"/> Improper operation <input type="checkbox"/> Emotional distress <input type="checkbox"/> Carelessness <input type="checkbox"/> Other:		
	Please explain the option(s) selected: _____ _____ _____		
Review and improvements	<input type="checkbox"/> Providing further training for the injured <input type="checkbox"/> Installation of protective equipment <input type="checkbox"/> Formulation of pre-task plans <input type="checkbox"/> Provision of reminders and training for other personnel <input type="checkbox"/> Strengthening of regular inspections <input type="checkbox"/> Amendment of safety guidelines <input type="checkbox"/> Transferring the injured to other positions <input type="checkbox"/> Repair of instruments, machinery, or buildings <input type="checkbox"/> Improvements to cleanliness <input type="checkbox"/> Provision of personal protective equipment <input type="checkbox"/> Audit of similar scenarios <input type="checkbox"/> Implementation of pre-task safety instructions <input type="checkbox"/> Removal of the source of danger <input type="checkbox"/> Other:		
	Please explain the option(s) selected: _____ _____ _____		
Venue representative	EHS officer of the academic program	Unit head	Dean of the college