



Incident / Accident Report Form
for Non-HKUST Person Involved in Student Activity

- Remarks:
1. This form should be completed by the Person-in-charge of the Program/ Event and sent to Student Support & Activities Team of DSTO at LG3005, Indoor Sports Complex (Lift 6), by next day after the accident.
 2. The information herein is required for investigation and record purposes, and will be disclosed to the department or office concerned upon written request to DSTO if deemed necessary.
 3. * Please delete as appropriate / Please check the appropriate box

General Information

Name of Program/Event: _____

Event Organizer: _____

Incident Date: _____ Incident time: _____ Venue: _____

Description of incident/accident and its possible causes

(Please describe the incident/accident in details, location, time and the possible causes leading to the incident. Use separate sheets as appropriate.)

Details of the Person Involved (please complete this section for each person involved)

Name: _____ (English) _____ (Chinese)

Sex: *M/F Age: _____ Contact Tel: _____

HK resident Non-HK resident Email: _____

Role of the person involved in Program/Event: *Participant/Helper/Performer/Invited Guest

Nature of injury and description of the part of body injured (if any):

Immediate treatments received (If Yes, please check the box below. You may check more than one.)

From First-aider At HKUST Clinic At Hospital None

Property Damage (Please describe the property damage if any)

Witness (if any)

Full Name of Witness: _____ Witness Contact Phone no.: _____

Photo(s) of the incident/ accident Attached NOT attached

Injured person will make insurance claim Yes No

Report submitted by: _____ (full Name in English)

Email address: _____ Signature: _____

Position in society/club/group (if appropriate) : _____

Student ID no.: _____ Contact Phone no.: _____

Endorsed by (if the event is related to department/office): _____

(Name of endorser: _____)

FOR DSTO(SSA) OFFICE USE:

Form received on _____
dd/mm/yyyy

Comments/Remarks (if any):

Actions Taken:

- Interview with reporter/person involved* on _____.
- Copy of the Accident Report Form is sent to HSEO on _____.
- Copy of the Accident Report Form is sent to _____ [Office/Dept.] on _____.
- Endorsement of Insurance Claim Form on _____; copy attached.

Authorized Signature

Name

Date