



Registration number (OSSMA will fill it out):

INCIDENT OR ACCIDENT NOTIFICATION

You can fill out the form with Adobe PDF or print it and fill it out by hand. To send it, you will find the postal address and e-mail address in the document header.

All fields marked with an asterisk (*) are required.

Person reporting the accident							
First name and last name *							
NIF or NIE *							
Telephone number *							
Email address *							
Relationship with the UB *	<table border="0"> <tr> <td>Teacher/researcher</td> <td>Administrative staff</td> <td>Degree student</td> </tr> <tr> <td>Postgraduate student</td> <td>Other</td> <td></td> </tr> </table>	Teacher/researcher	Administrative staff	Degree student	Postgraduate student	Other	
Teacher/researcher	Administrative staff	Degree student					
Postgraduate student	Other						
In case of students, specify academic program you are enrolled in *							
In all other cases, specify department, unit or service you are working in *							
Relationship with the accident: *	<table border="0"> <tr> <td colspan="3">Person responsible for the place or activity where the accident occurred</td> </tr> <tr> <td>Affected person</td> <td>Witness</td> <td>Others</td> </tr> </table>	Person responsible for the place or activity where the accident occurred			Affected person	Witness	Others
Person responsible for the place or activity where the accident occurred							
Affected person	Witness	Others					

Affected person	
These fields are not mandatory, if you consider appropriate to include them, we will send a copy of the accident report to the email address provided.	
First name and last name	
Telephone number	
Email address	

Person responsible for the place or activity where the accident occurred	
These fields are not mandatory, if you consider appropriate to include them, click the box. In this case, we will send a copy of the accident report to the email address provided.	
First name and last name	
Telephone number	
Email address	



Witness of the accident or incident

These fields are not mandatory, if you consider appropriate to include them, click the box. In this case, we will send a copy of the accident report to the email address provided.

First name and last name	
Telephone number	
Email address	

Accident or incident description

Place where it occurred *	
Were you teleworking? *	Yes No
Date and time *	
Accident details. Give as many details as possible (sequence of events over time that may have led to the accident or incident, description of the activity you were performing, equipment or materials you were using, chemical, physical or biological agents that were handled or present in the work environment, whether you were at your usual workplace or at another company/institution/field trip, etc.).*	
Damage suffered (please specify if you received medical care)	
Property damage	
Other comments	
Proposed measures to prevent future accidents	

Date *	Signature of the person reporting the accident or incident *
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