



Accident/incident report form

record no: _____

Personal details

Name: _____

Occupation: _____

Section/Dept: _____ Date of report: / /

Accident/incident details

Date: _____ Time: _____ Date reported: / /

Location: _____ Witness: _____

Reported to whom: _____

Full accident/incident details –

what happened, or in the case of a near miss, what could have happened

Injury – Nature of Injury

- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Contusion/crush | <input type="checkbox"/> Burn | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Amputation |
| <input type="checkbox"/> Laceration/open wound | <input type="checkbox"/> Superficial injury | <input type="checkbox"/> Foreign body | <input type="checkbox"/> Internal injury |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Sprain/strain | <input type="checkbox"/> Fracture | <input type="checkbox"/> Dermatitis |

Location of Injury

- | | | |
|--|--|--|
| <input type="checkbox"/> Head/face | <input type="checkbox"/> Eye | <input type="checkbox"/> Internal organs |
| <input type="checkbox"/> Hand/fingers | <input type="checkbox"/> Shoulder/arms | <input type="checkbox"/> Trunk (other than back) |
| <input type="checkbox"/> Hip/leg | <input type="checkbox"/> Foot/toes | <input type="checkbox"/> Back |
| <input type="checkbox"/> Other (state) | | |

Results of accident

Lost time injury Y / N No. of days: _____ days Workers' compensation Y / N

Treatment received: First aid Doctor Hospital

Damage to equipment/buildings/vehicles etc.

What was damaged? _____

Extent of damage: _____

Contributing factors

What were the contributing factors (if any)? _____

Corrective actions

Immediate actions _____

What controls can be put in place to prevent this from happening again? _____

Recommendations for action _____

Who is to implement these controls/corrective actions? _____

Date by which action is to be taken / /

Signatures

Officer: _____ HS Rep: _____ Manager: _____

Director: _____ Investigating officer: _____

Actions completed: _____ Date: / / Manager: _____