Sample form for your own use (not for reporting to WorkSafe).

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

- Contusion/crush
- Burn
- Dislocation
- Amputation
- Laceration/open wound
- Superficial injury
- Foreign body
- Internal injury
- Concussion
- Sprain/strain
- Fracture
- Dermatitis

Location of Injury

- Head/face
- Eye
- Internal organs
- Hand/fingers
- Shoulder/arms
- Trunk (other than back)
- Hip/leg
- Foot/toes
- Back
- 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: