

Report and Investigation Form

Name of organisation: Branch/department:

PARTICULARS OF ACCIDENT

| | | | |
|------------------|------|----------|---------------|
| Date of accident | Time | Location | Date reported |
| MTWTFSS | | | |

THE INJURED PERSON

| | | | | |
|---|---|--|--|----------------------|
| Name | | Address | | |
| Phone number | | | | |
| Date of accident | | Length of employment on job | | |
| TYPE OF INJURY: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Other (specify) | Injured part of body |
| <input type="checkbox"/> Strain/sprain | <input type="checkbox"/> Scratch/abrasion | <input type="checkbox"/> Internal | | |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Amputation | <input type="checkbox"/> Foreign body | Remarks | |
| <input type="checkbox"/> Laceration/cut | <input type="checkbox"/> Burn scald | <input type="checkbox"/> Chemical reaction | | |

DAMAGED PROPERTY

| | |
|----------------------------|------------------------------------|
| Property/ material damaged | Nature of damage |
| | |
| | |
| | |
| | Object/substance inflicting damage |
| | |

THE ACCIDENT

Description

Describe what happened (space overleaf for diagram — essential for all vehicle accidents)

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Analysis

What were the causes of the accident?

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HOW BAD COULD IT HAVE BEEN?

Very serious Serious Minor

WHAT IS THE CHANCE OF IT HAPPENING AGAIN?

Minor Occasional Rare

Prevention

What action has or will be taken to prevent a recurrence? Tick items already actioned

Use space overleaf if required

| | By whom | When |
|--|---------|------|
| | | |
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TREATMENT AND INVESTIGATION OF ACCIDENT

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|--------------------------|---------------------------------|----------------------|------|
| Type of treatment given | Name of person giving first aid | Doctor/Hospital | |
| Accident investigated by | Date | OSH advised YES / NO | Date |