pnpersonnel
RECRUITMENT SPECIALISTS

REPORT AND INVESTIGATION FORM

Name of organisation:…….. Branch/department…….

PARTICULARS OF ACCIDENT			
	Time	Location	Date reported

THE INJURED PERSON				
Name			Address	
Phone number				
Date of accident			Length of employment on job	
TYPE OF INJURY:	o Bruising	o Dislocation	o Other (specify)	Injured part of body
o Strain/sprain	o Scratch/abrasion	o Internal		
o Fracture	o Amputation	o Foreign body	Remarks	
o Laceration/cut	o Burn scald	o Chemical reaction		

DAMAGED PROPERTY	
Property/ material damaged	Nature of damage
	Object/substance inflicting damage

THE ACCIDENT	
Description	
Describe what happened (Please use additional paper if required. Diagram essential for all vehicle accidents)	
Analysis	
What were the causes of the accident?	
HOW BAD COULD IT HAVE BEEN?	WHAT IS THE CHANCE OF IT HAPPENING AGAIN?
o Very serious o Serious o Minor	o Minor o Occasional o Rare

Prevention

What action has or will be taken to prevent a recurrence? Tick items already actioned		By whom	When
Use space overleaf if required			

TREATMENT AND INVESTIGATION OF ACCIDENT			
Type of treatment given	Name of person giving first aid	Doctor/Hospital	
Accident investigated by	Date	OSH advised YES / NO	Date

preferred for its people