Accident Investigation Report Form

Foundation

INDIVIDUAL DETAILS

Name: _____ Position/participant:_____

Address: _____

Age _____ Gender _____

INJURY DETAILS

Date of accident: _____ Time: _____ Date Reported: _____ Time: _____

Date ceased participation: _____ Time: _____ Supervisor: _____

Time lost (to date): _____ Time lost (anticipated overall) _____

Medical Treatment required:

Nature and extent of injury			
Part of body injured	□ Head	□ Trunk	□ Multiple
	□ Eyes	□ Arm	□ General
	□ Neck	□ Leg	□ Unspecified
Nature of injury	□ Sprain	□ Laceration	□ Burn
	□ Fracture	□ Concussion	□ Superficial
	□ Multiple	□ Dislocation	□ Amputation
	□ Contusion	□ Other	
Type of incident	□ Flying object	□ Manual handling	□ Electricity
	□ Struck by	□ Poisons	□ Fall
	□ Caught in	□ Temperature	□ Other

Describe the events leading up to the injury and how the injury occurred (witness or injured person's statement).

Accident Investigation - Supervisor's Report

Witness Details			
How did the accident happen?			
What caused the accidents	□ **Ineffective guarding**	□ **Lack of protective equipment**	□ **Lack of training**
	□ **Lack of maintenance**	□ **Safety rules not followed**	□ **inexperience**
	□ **Unsafe work methods**	□ **Misconduct**	□ **Workplace design (equipment, design, layout)**
	□ **Weather**	□ **Poor management of event**	□ **Language difficulties**
Explain			
How can a recurrence be prevented?			

Supervisor's name: _____

Signature: _____**Date:** _____

Appropriate Government/insurance bodies Advised? (If applicable) **Yes/No**

Date :_____

Is this a Work-related injury? **Yes/No**

Accident Investigation - Supervisor's Report

Participants/Supervisor comments: