Accident /Incident Report Form

This form must be completed within 48 hours of EVERY accident or incident and sent to the Safety Officer. (NB: an "incident" is a near miss or accidents where no harm or damage occurred)

PARTICULARS OF ACCIDENT							
Is it an:		t/Near Miss	☐ Condition (e	g OOS)			
NAME OF PERSON INVOLVE	J:		POSITION TITLE:				
LOCATION OF ACCIDENT/INC	DATE OF A	ACCIDENT/INCIDENT: TIME OF ACCIDENT/INCIDENT:					
HOURS SINCE ARRIVAL AT WORK: SUPERVIS			OR/MANAGER:	L			
IF OOS - DATE OF VISIT TO D	OCTOR:		TYPE OF TREATMENT:				
III OGG BATE OF VIGIT TO E		□ Nil □ First Aid □ Doctor □ Hospital					
HAS TIME BEEN LOST:			WHAT IS THE CHANCE OF IT HAPPENING AGAIN?				
2 Yes 2 No If yes	s how many days		☐ High ☐ Medium ☐ Low				
ACC FORMS ATTACHED?	☐ Yes ☐ No		Was a "Significant Haza		☐ Yes	□ No	
NATURE OF INJURY			MECHANISM OF INJURY	′			
☐ Infection	□ Superficial		☐ Fall, trip or slip	☐ Sound or press	sure		
☐ Sprain or strain	□ Open Wound		☐ Biological factors [☐ Body stressing			
☐ Head injury	☐ Poisoning/toxic effe	ect	☐ Mental Stress ☐ Heat, radiation or energy				
☐ Fracture, spine	□ Other fractures		☐ Hitting objects with part of the body				
☐ Multiple Injuries	☐ Foreign Body		☐ Chemicals or other substances				
□ Puncture Wound	☐ Internal injury, trunk	(☐ Being hit by moving objects				
☐ Chemical reaction	☐ Occupational hearing		AGENCY OF INJURY				
□ Burns	☐ Bruising / crushing	.9	☐ Machinery or (mainly) fixed plant				
☐ Mental disorder	☐ Amputation, includi	na eve	☐ Mobile plant or transport				
□ Nerves/spinal cord	☐ Dislocation	ing cyc	☐ Tools, Appliances, Equipment (powered)				
☐ Disease skin	☐ Disease circulatory	evetem	☐ Tools, Appliances, Equipment (non-powered)				
☐ Disease nervous system	☐ Disease infectious		☐ Chemical or chemical products				
☐ Disease digestive system	☐ Tumour (malignant or	-	☐ Material or substance				
☐ Disease respiratory system ☐ Fatal			☐ Environmental agency				
☐ Damage artificial aid ☐ Laceration			☐ Animal, human or biological agency (not bacteria/virus)				
☐ Disease musculoskeletal system ☐ Gradual Process			□ Bacterial or virus				
☐ No injury (go to Investigation section			☐ Manual Handling				
BODY PART INJURED	511)		-				
☐ Head ☐ Eye	□ Neck □ Shou	lder [☐ Chest ☐ Trunk		1		
☐ Arm ☐ Hand	□ Leg □ Knee	[☐ Foot ☐ Multiple	locations	□ Internal or	gans	
INVESTIGATION			· ·				
Describe what happened. Use	e an extra page if nece	ssarv.					
	рд	j -					
ANALYSIS: What caused the	event?						
TELETISI TITAL GAGGG TIC							
PREVENTION: What action ha	e or will be taken to prov	ont a require	2002				
FREVENTION. What action ha	is or will be taken to prev	rent a recuire	ince:				
By whom?			By when?				
Injured Person: Name	۵۰	Signatu		Date:			
Safety Officer Name	ο.	Signatui	re·	Date:			