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: ______________