## **ACCIDENT INVESTIGATION FORM**



Name of organisation:	Nature of damage:
Branch/department:	
1. Particulars of Accident	
Date of Accident: DD / MM / YEAR	Object/substance causing damage:
Time:	
Location:	
Date Reported: DD / MM / YEAR	4. The Accident
2. The Injured Person	Description:
Name:	Describe what happened.
Address:	If this was a vehicle accident, add a drawing of the accident scene on the other side of this page.
Date of Birth: DD / MM / YEAR	
Phone Number:	
Length of employment – at plant: on job:	
Type of Injury:	
Type of Injury:  Bruising Dislocation Strain/sprain	
Bruising Dislocation Strain/sprain  Scratch/abrasion Internal Fracture	
Bruising Dislocation Strain/sprain  Scratch/abrasion Internal Fracture  Amputation Foreign body Laceration/cut	Analysis:
Bruising Dislocation Strain/sprain  Scratch/abrasion Internal Fracture  Amputation Foreign body Laceration/cut  Burn/scald Chemical reaction	Analysis: What caused the accident?
Bruising Dislocation Strain/sprain  Scratch/abrasion Internal Fracture  Amputation Foreign body Laceration/cut	
Bruising Dislocation Strain/sprain Scratch/abrasion Internal Fracture Amputation Foreign body Laceration/cut Burn/scald Chemical reaction Other (specify)	
Bruising Dislocation Strain/sprain Scratch/abrasion Internal Fracture Amputation Foreign body Laceration/cut Burn/scald Chemical reaction Other (specify) Injured part of body:	
Bruising Dislocation Strain/sprain Scratch/abrasion Internal Fracture Amputation Foreign body Laceration/cut Burn/scald Chemical reaction Other (specify) Injured part of body:	
Bruising Dislocation Strain/sprain Scratch/abrasion Internal Fracture Amputation Foreign body Laceration/cut Burn/scald Chemical reaction  Other (specify) Injured part of body: Comments:	
Bruising Dislocation Strain/sprain Scratch/abrasion Internal Fracture Amputation Foreign body Laceration/cut Burn/scald Chemical reaction Other (specify) Injured part of body: Comments:  3. Damaged Property	
Bruising Dislocation Strain/sprain Scratch/abrasion Internal Fracture Amputation Foreign body Laceration/cut Burn/scald Chemical reaction Other (specify) Injured part of body: Comments:  3. Damaged Property	
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Bruising Dislocation Strain/sprain Scratch/abrasion Internal Fracture Amputation Foreign body Laceration/cut Burn/scald Chemical reaction Other (specify) Injured part of body: Comments:  3. Damaged Property	What caused the accident?

## Prevention: What action has or will be taken to stop another accident like this happening? Tick items already actioned. Write below if you need more space. ACTION TICK BY WHOM WHEN S. Treatment and Investigation of Accident Type of treatment given: Name of person giving first aid: Doctor/Hospital:

Accident investigated by:

No

WorkSafe advised:

Date: DD / MM / YEAR

Date: DD / MM / YEAR