Accident and Incident Reporting Form

Personal Details

Name: _____

Occupation: _____

Section/Dept: _____ Date of report: ____/____/ 20___

Accident/incident details

Date:_____ Time:_____ Date reported: ____/____/ 20___

Location:_____ Witness:_____

Reported to whom: _____

Full accident/incident details – what happened, or in the case of a near miss, what could have happened:

_____

_____

Nature of Injury:

☐ Contusion/crush ☐ Burn ☐ Dislocation ☐ Amputation
☐ Laceration/open wound ☐ Superficial injury ☐ Foreign body ☐ Internal injury
☐ Concussion ☐ Sprain/strain ☐ Fracture ☐ Dermatitis
☐ Other (state): _____

Location of Injury:

☐ Head/face ☐ Eye ☐ Internal organs ☐ Hand/fingers
☐ Shoulder/arms ☐ Trunk (other than back) ☐ Hip/leg ☐ Foot/toes
☐ Back ☐ Other (state): _____

Result of Injury:

Lost time jury: ☐ Yes ☐ No If Yes, how much: _____ days/hours Does worker want to claim Worker's Compensation? ☐ Yes ☐ No
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?) _____

To be completed internally:

Corrective actions

To be completed internally:

Immediate actions: _____

What controls can be put in place to prevent this from happening again? _____

Recommendations for actions: _____

Who is to implement these controls/corrective actions? _____

Date by which action is to be taken: __/__/ 20__

Signatures:

Manager: _____ **Date:** __/__/ 20__ RTW Officer:_____ **Date:** __/__/ 20__

Director: _____ **Date:** __/__/ 20__

Actions Completed: __/__/ 20__