INJURY/INCIDENT REPORT FORM

This form is to be used to report all incidents/accidents.

SECTION A: TO BE COMPLETED BY PERSON INVOLVED OR MEDICAL OFFICER.

PERSON INVOLVED IN ACCIDENT/INCIDENT *(Please print)*

Surname:	First Name:	Date of Birth:
(please tick) Employee ☐ Contractor ☐ Volunteer ☐ Visitor/Other ☐		Male ☐ Female ☐
Department:	Position:	

DETAILS OF THE ACCIDENT ☐ **INCIDENT** ☐
(tick appropriate box)

Date accident/incident: _____/_____/_____.

Time accident/incident: _____ am/pm

Location where accident/incident occurred
(please print):

Part of body affected *(tick appropriate answers)*

Head	Trunk	Internal	Arm	Hand	Leg	Foot
☐ eye	☐ neck	☐ heart	☐ left	☐ left	☐ left	☐ left
☐ ear	☐ hip	☐ lungs	☐ right	☐ right	☐ right	☐ right
☐ nose	☐ chest	☐ systemic	☐ shoulder	☐ thumb	☐ knee	☐ great toe
☐ mouth	☐ stomach		☐ upper arm	☐ fingers	☐ lower leg	☐ other toes
☐ teeth	☐ groin		☐ elbow	☐ palm	☐ ankle	
☐ face	☐ back		☐ forearm		☐ thigh	
☐ skull	☐ multiple		☐ wrist		☐ upper leg	

☐ not applicable

Nature of Accident/Incident *(tick appropriate answers)*

☐ abrasion	☐ puncture	☐ heart attack	☐ sprain	☐ burn	☐ traumatic shock
☐ bruise	☐ laceration	☐ hearing loss	☐ strain	☐ scald	☐ electric shock
☐ fracture	☐ amputation	☐ foreign body	☐ hernia	☐ rash	☐ chemical
☐ concussion	☐ bite	☐ minor cuts	☐ Allergy		

☐ Aggravation of previous injury or medical condition.

☐ not applicable

Type of Accident/Incident *(tick appropriate answers)*

☐ striking against	☐ stumbling	☐ lifting	☐ pushing	☐ ingestion
☐ struck by	☐ slipping	☐ bending	☐ pulling	☐ absorption
☐ caught in	☐ tripping	☐ twisting	☐ jumping	☐ inhalation
☐ stepping on	☐ falling	☐ stress	☐ motor vehicle	
☐ other: describe				

☐ not applicable

Agency of Accident/Incident *(tick appropriate answers)*

☐ Vehicle	☐ Buildings	☐ Mobile Plant	☐ Structures
☐ Power tools	☐ Furniture	☐ Other tools	☐ Surfaces
☐ Animal/Insect	☐ Heat Stress	☐ Materials	☐ Sunburn
☐ Biological agent	☐ Chemicals	☐ Equipment	☐ Stress
☐ Objects		☐ Other	

☐ not applicable

If reporting an incident, please describe how this occurred:

_____

_____

_____

_____

_____

_____

_____

_____

SECTION B: *TO BE COMPLETED BY MANAGER AND THE PERSON INVOLVED.*

This is an extremely important section as the aim of the accident/incident investigation is to identify preventative action that will avoid reoccurrence of a similar accident.

Probable cause or causes of Accident / Incident *(tick appropriate answers)*

☐ inadequate instruction	☐ fault of plant or equipment	☐ poor storage	☐ weather
☐ inadequate workspace	☐ equipment unavailable	☐ poor access	☐ terrain
☐ assistance unavailable	☐ lack of attention	☐ incorrect method	☐ work practices

☐ not applicable

Describe how the accident occurred:

_____
_____
_____
_____

PREVENTION OF ACCIDENT/INCIDENT RECURRENCE
Describe what action is planned or has been taken to prevent a recurrence of the accident. (Please print)

(Immediate)

_____
_____
_____
_____

(Long Term)

_____
_____
_____
_____

SECTION C:

Manager name _____

Manager signature _____

Signed by person involved _____