

REPORT AND INVESTIGATION FORM

Name of organisation:..... Branch/department.....

PARTICULARS OF ACCIDENT

	Time	Location	Date reported
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THE INJURED PERSON

Name		Address		
Phone number				
Date of accident		Length of employment on job		
TYPE OF INJURY:	<input type="radio"/> Bruising	<input type="radio"/> Dislocation	<input type="radio"/> Other (specify)	Injured part of body
<input type="radio"/> Strain/sprain	<input type="radio"/> Scratch/abrasion	<input type="radio"/> Internal		
<input type="radio"/> Fracture	<input type="radio"/> Amputation	<input type="radio"/> Foreign body	Remarks	
<input type="radio"/> Laceration/cut	<input type="radio"/> Burn scald	<input type="radio"/> Chemical reaction		

DAMAGED PROPERTY

Property/ material damaged	Nature of damage
	Object/substance inflicting damage

THE ACCIDENT

Description	
Describe what happened (Please use additional paper if required. Diagram essential for all vehicle accidents)	
Analysis	
What were the causes of the accident?	
HOW BAD COULD IT HAVE BEEN?	WHAT IS THE CHANCE OF IT HAPPENING AGAIN?
<input type="radio"/> Very serious <input type="radio"/> Serious <input type="radio"/> Minor	<input type="radio"/> Minor <input type="radio"/> Occasional <input type="radio"/> Rare

Prevention

What action has or will be taken to prevent a recurrence?	Tick items already actioned		By whom	When
Use space overleaf if required				

TREATMENT AND INVESTIGATION OF ACCIDENT

Type of treatment given	Name of person giving first aid	Doctor/Hospital		
Accident investigated by		Date	OSH advised YES / NO	Date