

ACCIDENT INVESTIGATION FORM



Name of organisation:

Branch/department:

1. Particulars of Accident

Date of Accident: DD / MM / YEAR

Time:

Location:

Date Reported: DD / MM / YEAR

2. The Injured Person

Name:

Address:

Date of Birth: DD / MM / YEAR

Phone Number:

Length of employment – at plant: on job:

Type of Injury:

☐ 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

Property or material damaged:

Nature of damage:

Object/substance causing damage:

4. The Accident

Description:

Describe what happened.

If this was a vehicle accident, add a drawing of the accident scene on the other side of this page.

Analysis:

What caused the accident?

How serious could it have been?

☐ Minor ☐ Serious ☐ Very serious

How often is this likely to happen again?

☐ Not often ☐ Occasionally ☐ Often

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

5. Treatment and Investigation of Accident

Type of treatment given:

Name of person giving first aid:

Doctor/Hospital:

Accident investigated by:

Date: DD / MM / YEAR

WorkSafe advised: ☐ Yes ☐ No

Date: DD / MM / YEAR