

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?

☐ Never ☐ Rarely ☐ Occasionally ☐ Often

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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