

PARTICULARS OF ACCIDENT

Date of Accident:	Time:	Location:	Date Reported:
MTWTFSS			

THE INJURED PERSON

Name:	Address:	
Age:	Phone No:	
Sex:	Length of employment	At this location:
TYPE OF INJURY:	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation
<input type="checkbox"/> Strain/sprain	<input type="checkbox"/> Scratch/abrasion	<input type="checkbox"/> Internal
<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Laceration/cut	<input type="checkbox"/> Burn scald	<input type="checkbox"/> Chemical reaction
		On this job:
		Injured part of body:
		Remarks:

DAMAGED PROPERTY

Property/material damaged:	Nature of damage:	Object/substance causing damage:

THE ACCIDENT

DESCRIPTION	<i>Describe what happened (use an additional page for a diagram – essential for vehicle accidents).</i>

ANALYSIS *What were the causes of the accident?*

HOW BAD COULD IT HAVE BEEN?	WHAT IS THE CHANCE OF IT HAPPENING AGAIN?
<input type="checkbox"/> Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Minor	<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare

PREVENTION *What action has or will be taken to prevent a recurrence. Tick items already actioned.*

TREATMENT AND INVESTIGATION OF ACCIDENT

Type of treatment given:	Name of person giving first aid:	Doctor/Hospital:
Accident investigated by:	Date	OSH Advised?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Date: