

# ACCIDENT INVESTIGATION FORM

Name of organisation:		Reported to:	
<b>PARTICULARS OF ACCIDENT</b>			
Date:	Time:	Location:	Date reported:
<b>DETAILS OF INJURED PERSON</b>			
Name:	Age:	Date of accident:	Contact number:
Job title:	Address:	Length of employment:	
Type of injury: Injured part of body:			
<b>DAMAGED PROPERTY</b>			
Property damaged:			
Nature of damage:			
<b>THE ACCIDENT</b>			
Describe what happened			
<b>WHAT WERE THE CAUSES OF THE ACCIDENT?</b>			
How bad could it have been?			
<input type="checkbox"/> Very serious	<input type="checkbox"/> Serious	<input type="checkbox"/> Minor	
What is the chance of it happening again?			
<input type="checkbox"/> Frequent	<input type="checkbox"/> Occasional	<input type="checkbox"/> Rare	
What has or will be done to prevent it occurring again in future?			
<b>TREATMENT AND INVESTIGATION OF ACCIDENT</b>			
Type of treatment given:	Name of first aider:	Doctor/hospital:	
Accident investigated by:	Date:	OSH advised?	Date