ACCIDENT/INCIDENT REPORT FORM

Personal details

Name: _____

Occupation: _____

Section/Dept: _____

Accident/incident details

Date: _____ Time: _____

Location: _____ Witness: _____

Reported to whom: _____

Full accident/incident details – what happened, or in the case of a near m

_____

Injury – Nature of Injury

☐ Contusion/crush	☐ Burn	☐ Dislocation
☐ Laceration/open wound	☐ Superficial injury	☐ Foreign bod
☐ Concussion	☐ Sprain/strain	☐ Fracture

Location of Injury

☐ Head/face	☐ Eye	☐ Internal orga
☐ Hand/fingers	☐ Shoulder/arms	☐ Trunk (other
☐ Hip/leg	☐ Foot/toes	☐ Back
☐ Other (state)		

Results of accident

Lost time injury Y / N No. of days: _____ days Worl

Treatment received: ☐ First aid ☐ Doctor

Damage to equipment/buildings/vehicles etc.

What was damaged?