

<b>Name of Site:</b>
<b>Branch / Department:</b>
<b>1. Particulars of Accident</b>
Date of accident:     /     /
Time:                 :             AM / PM (Circle One)
Location:
Date reported:         /         /
<b>2. The Injured Person</b>
Name:
Address:
Date of birth:         /         /
Phone Number:
Length of Employment – at plant:                     on job:
Type of Injury: (Circle Applicable)
Bruising         Dislocation         Strain/Sprain Scratch/Abrasion     Internal     Fracture Amputation     Foreign body     Laceration/cut Burn/scald     Chemical reaction Other: (specify injured part of body)
Comments:
<b>3. Damaged Property</b>
Property or material damaged:
Nature of damage:
Object/substance causing damage:

<p><b>4. The Accident</b></p>
<p>Description:</p>
<p>Describe what happened.</p>
<p>If this was a vehicle accident, add a drawing of the accident scene on the other side of this page.</p>
<p>Analysis:</p>
<p>What caused the accident?</p>
<p>How serious could it have been?   Minor   Serious   Very serious</p>
<p>How often is this likely to happen again?   Never   Rarely   Occasionally Often</p>
<p>Prevention:</p>
<p>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.</p>
<p>ACTION TICK BY WHOM WHEN</p>

<b>5. Treatment and Investigation of Accident</b>
Type of treatment given:
Name of person giving first aid:
Doctor/Hospital:
Accident investigated by:
Date:    /    /                      Time:    :    AM / PM <i>(Circle One)</i>
WorkSafe advised:    Yes    No    Date:    DD   /    MM   /    YEAR