

Accident Investigation

Name of organisation: Branch/department:

PARTICULARS OF ACCIDENT				
Date of accident M T W T F S S	Time	Location	Date reported	
THE INJURED PERSON				
Name		Address		
Age	Phone number			
Date of accident		Length of employment - at plant on job		
TYPE OF INJURY:	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Other (specify)	Injured part of body
<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	Remarks	
<input type="checkbox"/> Laceration/cut	<input type="checkbox"/> Burn scald	<input type="checkbox"/> Chemical reaction		
DAMAGED PROPERTY				
Property/ material damaged		Nature of damage		
		Object/substance inflicting damage		
THE ACCIDENT				
DESCRIPTION: Describe what happened (space overleaf for more information and diagram — essential for all vehicle accidents)				
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"/> Minor	<input type="checkbox"/> Occasional <input type="checkbox"/> Rare
PREVENTION				
What action has or will be taken to prevent a recurrence? Tick items already actioned				By whom
Use space overleaf if required				When
TREATMENT AND INVESTIGATION OF ACCIDENT				
Type of treatment given		Name of person giving first aid		Doctor/hospital
Accident investigated by		Date	DOL advised YES / NO	