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:	☐ Bruising	☐ Dislocation	☐ Other (specify)	Injured part of body
☐ Strain/sprain	☐ Scratch/abrasion	☐ Internal		
☐ Fracture	☐ Amputation	☐ Foreign body	Remarks	
☐ Laceration/cut	☐ Burn scald	☐ Chemical reaction		

DAMAGED PROPERTY

Property/ material damaged	Nature of damage
	Object/substance inflicting damage

THE ACCIDENT

Description

Describe what happened (space overleaf for 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?
☐ Very serious ☐ Serious ☐ Minor	☐ Minor ☐ Occasional ☐ Rare

Prevention

What action has or will be taken to prevent a recurrence? Tick items already actioned Use space overleaf if required		By whom	When

TREATMENT AND INVESTIGATION OF ACCIDENT

Type of treatment given	Name of person giving first aid	Doctor/Hospital	
Accident investigated by	Date	OSH advised YES / NO	Date