



9. Accident and Incident Investigation Report

NAME OF ORGANISATION	BRANCH/DEPARTMENT
NAME OF INVESTIGATOR	

PARTICULAR OF INCIDENT			
Day of Incident (circle) M T W T F S S	Time	Location	Date Reported

THE INJURED PERSON				
Name		Address		
Age	Phone number			
Reported date of incident		Length of employment	Time on job	
TYPE OF INJURY:	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Other (specify)	Remarks
<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	Injured part of body	
<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 INCIDENT
Description
Describe what happened (space overleaf for diagram - essential for all vehicle incidents)

Analysis
What were the causes (root and contributing causes) of the Incident?
Root Causes - Safety System Failures
Contributing Causes - Unsafe Acts and Conditions

Prevention				
What action has or will be taken to prevent a recurrence? (Use space overleaf if required)	Tick items already actioned	Completed ✓ X	By Whom	When

TREATMENT AND INVESTIGATION OF INCIDENT				
Type of treatment given	Name of person giving first aid	Doctor/Hospital		
Incident investigated by	Date	DoL advised Yes / No	Date	