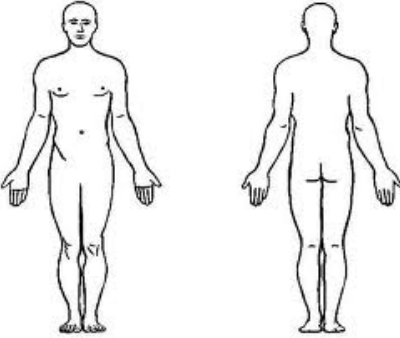


Accident / Incident Report and Investigation Form

Section 1: This section must be completed by the injured person		
Full name of injured person: Occupation or job title: Are you an: employee / contractor / volunteer (circle)	Date of accident / incident: Time of accident / incident:	
Who did you report the accident / incident to? (e.g. Your Manager)		
Place where accident / incident occurred: (e.g. office, off site, driving). Be specific		
Type of accident / incident:		
Property Damage (no injury, but something was damaged) What was damaged? _____		<input type="checkbox"/>
You must also complete the relevant 'Insurance Claim Form'		
Accident occurred but no treatment was needed		<input type="checkbox"/>
First Aid (item from the first kit was used)		<input type="checkbox"/>
Medical Treatment Injury (went to doctor/hospital/physio) Treatment provider name _____		<input type="checkbox"/>
Lost Time Injury (time off work was required) If yes, how long (if known) _____		<input type="checkbox"/>
Notifiable event (e.g.) admitted to hospital, serious head or eye injury		<input type="checkbox"/>
Were the emergency services notified? Yes / No (circle) Did they attend the scene? Yes/No (circle)		<input type="checkbox"/>
If yes to the above, which emergency services were notified / attended? Police, fire dept., ambulance? (circle)		
What happened? Describe the accident		
Were there any witnesses? If so, who?		
What was the immediate cause of the accident / what were you doing? (tick appropriate)		
<input type="radio"/> Lifting heavy/bulky item <input type="radio"/> Slip / trip / fall <input type="radio"/> Hit or hit by object <input type="radio"/> Working with powered equipment <input type="radio"/> Contact with sharp object	<input type="radio"/> Using hand tools (tool slipped) <input type="radio"/> Vehicle accident <input type="radio"/> Poor housekeeping <input type="radio"/> Ergonomics / poor posture	<input type="radio"/> Environmental / wildlife (e.g. stings) <input type="radio"/> Other (explain below) _____ _____

Did any of the following contribute to the accident / incident? (tick appropriate) To be completed jointly by the injured person and their Manager	
Training: none / in progress / insufficient <input type="checkbox"/>	No procedures / procedures hard to follow <input type="checkbox"/>
Didn't know the hazard existed <input type="checkbox"/>	Poorly maintained / faulty equipment <input type="checkbox"/>
Wasn't wearing PPE (e.g. eye/head protection) <input type="checkbox"/>	Didn't have the right tool for the job / had to improvise <input type="checkbox"/>
Lost concentration / distracted <input type="checkbox"/>	I have done the job this way in the past and no accident occurred <input type="checkbox"/>
Rushing (because it was getting late, bad weather, to get the job completed quickly, heavy workload) <input type="checkbox"/>	Wasn't given full instructions / instructions were unclear <input type="checkbox"/>
I didn't know / didn't follow (circle) procedures <input type="checkbox"/>	Stressed / tired <input type="checkbox"/>
Not experienced in this type of work <input type="checkbox"/>	Environmental conditions (e.g. weather) <input type="checkbox"/>
Other / circumstances beyond my control (explain)	
Circle the injured part(s) of the body (e.g. left arm, right ankle) on the diagram. Nature of injuries (e.g. cut, sprain, bruise) Note: Where possible, take photos of the injury sustained and of any contributing factors (e.g.) faulty equipment	
Section 2: Corrective actions - this section must be completed by Management	
What was the impact of the incident? (E.g. loss of employment, time, costs, damage to property etc.)	
Recommended action: What will you do to prevent this type of accident happening again? (e.g. further training, supervision, change in procedure)	
Who is responsible for ensuring corrective actions are taken?	By when?
Remedial actions undertaken:	
Section 3: This section must be completed by the Regional Health and Safety Coordinator	
Is the hazard on the hazard register? Yes / No If not, the hazard must be added to the hazard register, and hazard controls developed	
Sign when actions above have been completed: _____ Date: _____	