

# 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
<b>TYPE OF INJURY:</b>	<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 diagram — essential for all vehicle accidents)


### Analysis

What were the causes of the accident?


HOW BAD COULD IT HAVE BEEN?

Very serious    Serious    Minor

WHAT IS THE CHANCE OF IT HAPPENING AGAIN?

Minor    Occasional    Often

### 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	DOL advised YES / NO	Date