

# ACCIDENT AND INJURY REPORT FORM



This form is used to report all accidents. The first part is completed by the employee who suffered the accident (or student) and the second part is completed by the Branch Manager.

Please note: All accidents are considered as incidents. This accident and injury report form focuses on the injury where as the incident report form is used to focus on the cause, actions and prevention of further occurrences.

## EMPLOYEE OR STUDENT DETAILS

EMPLOYEE OR STUDENT NAME & USI	
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## INJURY DETAILS

DATE OF ACCIDENT	TIME	DATE REPORTED
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MEDICAL TREATMENT REQUIRED

PART OF BODY INJURED	<input type="checkbox"/> Head <input type="checkbox"/> Eyes <input type="checkbox"/> Neck	<input type="checkbox"/> Trunk <input type="checkbox"/> Arm <input type="checkbox"/> Leg	<input type="checkbox"/> Multiple <input type="checkbox"/> General <input type="checkbox"/> Unspecified
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NATURE OF INJURY	<input type="checkbox"/> Sprain <input type="checkbox"/> Fracture <input type="checkbox"/> Multiple <input type="checkbox"/> Concussion	<input type="checkbox"/> Laceration <input type="checkbox"/> Concussion <input type="checkbox"/> Dislocation <input type="checkbox"/> Other	<input type="checkbox"/> Burn <input type="checkbox"/> Superficial <input type="checkbox"/> Amputation
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TYPE OF INCIDENT	<input type="checkbox"/> Flying object <input type="checkbox"/> Struck by <input type="checkbox"/> Caught in	<input type="checkbox"/> Manual handling <input type="checkbox"/> Poison <input type="checkbox"/> Temperature	<input type="checkbox"/> Electricity <input type="checkbox"/> Fall <input type="checkbox"/> Other
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DESCRIBE THE EVENTS LEADING UP TO THE INJURY AND HOW THE INJURY OCCURRED

SUBMITTED BY:	DATE
SIGNED BY:	

# ACCIDENT AND INJURY REPORT FORM



## ACCIDENT INVESTIGATION – BRANCH MANAGER TO COMPLETE

WITNESS DETAILS

HOW DID THE ACCIDENT HAPPEN?

WHAT CAUSED THE ACCIDENT

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Lack of training                               | <input type="checkbox"/> Inexperience              | <input type="checkbox"/> Ineffective guarding         |
| <input type="checkbox"/> Lack of maintenance                            | <input type="checkbox"/> Safety rules not followed | <input type="checkbox"/> Language difficulties        |
| <input type="checkbox"/> Unsafe work methods                            | <input type="checkbox"/> Weather                   | <input type="checkbox"/> Poor housekeeping            |
| <input type="checkbox"/> Workplace design<br>(equipment design, layout) | <input type="checkbox"/> Misconduct                | <input type="checkbox"/> Lack of protective equipment |

EXPLAIN

HOW CAN A RECURRENCE BE PREVENTED

ANY OTHER COMMENTS

BRANCH MANAGER'S NAME

SIGNATURE

DATE