

PARTICULARS OF ACCIDENT

Name of organisation Branch/department
 Date of accident - Mo Tu We Th Fr Sa Su
 Time Location Date reported

THE INJURED PERSON

Name Age Phone number
 Address Employment -at plant Employment -on job
 Type of Injury: Strain/sprain Fracture Laceration/cut Bruising
 Scratch/abrasion Amputation Burn scald Dislocation
 Internal Foreign body Chemical reaction Other (specify)
 Injured part of body Other (specify)
 Remarks

DAMAGED PROPERTY

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

THE ACCIDENT

Description - Describe what happened (use Attachments 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
 Use Attachments to add Prevention Actions

TREATMENT AND INVESTIGATION OF ACCIDENT

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

Photos and Diagrams

Completed

(essential for all vehicle accidents)

- 3

Prevention

Completed

What action has or will be taken to prevent a recurrence?

- 4

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Title

Exhibit

Description

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Action	By whom	When	Completed <input type="checkbox"/>
Exhibit			