



ACCIDENT/INCIDENT (NEAR-MISS) INVESTIGATION REPORT

Particulars of Accident:

Date of accident:	Time:	Location:	Date reported:

The Injured Person:

Name:	Home Phone:	Address:
Date of Birth:	Work Phone:	
Years of experience in volunteer activity		

Type of Injury:

<input type="checkbox"/> strain / sprain	<input type="checkbox"/> bruising	<input type="checkbox"/> internal	Remarks:	Injured part of body:
<input type="checkbox"/> fracture	<input type="checkbox"/> scratch / abrasion	<input type="checkbox"/> foreign body		
<input type="checkbox"/> dislocation	<input type="checkbox"/> laceration / cut	<input type="checkbox"/> chemical reaction		
<input type="checkbox"/> burn / scald	<input type="checkbox"/> amputation	<input type="checkbox"/> other (specify)		

Damaged Property:

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

The Accident:

DESCRIPTION: Describe what happened (space overleaf for diagrams - essential for all vehicle incidents):			
ANALYSIS: What were the causes of the accident:			
How bad could it have been?		What is the chance of it happening again?	
<input type="checkbox"/> very serious <input type="checkbox"/> serious <input type="checkbox"/> minor		<input type="checkbox"/> frequent <input type="checkbox"/> occasional <input type="checkbox"/> rare	
PREVENTION: What action has / will be taken to prevent recurrence? (use space overleaf if required)			
			*
			By whom:
			When:

* Tick items already completed

Treatment and Investigation of Accident:

Type of treatment given:	First aider:	<input type="checkbox"/> Doctor <input type="checkbox"/> Hospital
OSH advised Yes / No Date:	Investigator:	Date:

Please attach extra sheets as required.