

ACCIDENT/INCIDENT REPORT and INVESTIGATION FORM

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

Person Reporting Accident/Incident			
Name:	Position:	Date:	Context:

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:	
First Aid Kit # used:	First Aid Kit Replenished	Y	N
Items Replaced:			

Please attach extra sheets as required.