ACCIDENT INCIDENT FORM

ACCIDENT/INCIDENT/NEAR MISS REPORT AND INVESTIGATION FORM

PLEASE COMPLETE AND FORWARD TO SAFETY BRANCH
PERSONNEL SERVICES

Report Number:____________

This form is to be used to report all accidents, incidents, or near misses, whether an injury occurred or not, and to document the investigation into the incidents by the supervisor of the person involved. Please complete within 24 hours of the incident. If the incident caused, or could have caused, serious injury or property damage, please contact the safety branch immediately.

SECTION A: TO BE COMPLETED BY PERSON INVOLVED (OR BY SUPERVISOR OR HEALTH AND SAFETY REPRESENTATIVE IF WORKER IS INCAPACITATED) AND BY THEIR SUPERVISORS (PLEASE PRINT)

Details of the person involved in the incident/near miss

Employee ID: **Department:** **Work phone:**

Title: Mr.... **Family name:** **Given names** *(in full)*

Position: **Date of birth:** ☐ **Male** ☐ **Female**

Please select one:............... ☐ Employee ☐ Contractor ☐ Visitor/Other

Details of the: ☐ Accident ☐ Incident ☐ Near miss ☐ Property damage

Date: **Time:**

Location:

Was the accident/incident/near miss reported to your supervisor, immediately: ☐ Yes ☐ No

Part of the body injured

Head	Trunk	Internal	Arm	Hand	Leg	Foot
☐ eye	☐ neck	☐ heart	☐ left	☐ left	☐ left	☐ left
☐ ear	☐ hip	☐ lungs	☐ right	☐ right	☐ right	☐ right
☐ nose	☐ chest	☐ systemic	☐ shoulder	☐ thumb	☐ knee	☐ great toe
☐ mouth	☐ stomach		☐ upper arm	☐ fingers	☐ lower leg	☐ other toes
☐ teeth	☐ groin		☐ elbow	☐ palm	☐ ankle	
☐ face	☐ back		☐ forearm		☐ thigh	
☐ skull	☐ multiple		☐ wrist		☐ upper leg	☐ psychosocial

Nature of injury

☐ abrasion	☐ puncture	☐ heart attack	☐ sprain	☐ burn	☐ traumatic shock
☐ bruise	☐ laceration	☐ hearing loss	☐ strain	☐ scald	☐ electric shock
☐ fracture	☐ amputation	☐ foreign body	☐ hernia	☐ rash	☐ psychosocial
☐ concussion	☐ bite	☐ minor cuts		☐ allergy	☐ chemical

☐ aggravation of previous injury or medical condition *(please describe)*: ....

Type of incident which caused injury

☐ striking against	☐ stumbling	☐ lifting	☐ pushing	☐ ingestion
☐ struck by	☐ slipping	☐ bending	☐ pulling	☐ absorption
☐ caught in/on	☐ tripping	☐ twisting	☐ jumping	☐ inhalation
☐ stepping on	☐ falling	☐ stress	☐ vehicle	☐ needlestick

☐ other *(please describe)*:..

Agency of injury

- ☐ vehicle
- ☐ power tools
- ☐ animal/insect
- ☐ biological agent
- ☐ objects
- ☐ buildings
- ☐ furniture
- ☐ heat stress
- ☐ chemicals
- ☐ ionising radiation
- ☐ mobile plant
- ☐ other tools/equipment
- ☐ materials
- ☐ equipment
- ☐ computer
- ☐ structures
- ☐ surfaces
- ☐ sunburn
- ☐ stress
- ☐ other *(please describe)*:..

SECTION B: TO BE COMPLETED BY THE SUPERVISOR AND THE PERSON INVOLVED WITHIN 48HOURS THIS SECTION IS EXTREMELY IMPORTANT AS THE AIM OF THE INVESTIGATION IS TO IDENTIFY PREVENTATIVE ACTION THAT WILL AVOID RECURRENCE OF A SIMILAR INCIDENT/NEAR MISS

Probable cause or causes of incident/near miss

- ☐ inadequate instruction
- ☐ inadequate workspace
- ☐ assistance unavailable
- ☐ fault of plant or equipment
- ☐ equipment unavailable
- ☐ lack of attention
- ☐ poor storage
- ☐ poor access
- ☐ incorrect method
- ☐ weather
- ☐ terrain
- ☐ work practices
- ☐ other *(please describe)*: ....

Describe the incident/near miss

Prevention of incident/near miss recurrence

Describe what action is planned or has been taken to prevent a recurrence of the incident, based on the key contributing factors:

Immediate action:

Long term action:

Training Required?

Induction	☐ Yes	☐ No
Task specific	☐ Yes	☐ No
Area specific	☐ Yes	☐ No

Rehabilitation

- ☐ is required
- ☐ is not required
- ☐ unknown as yet
- ☐ time off work required

Electrical and/or infrastructure

Reported to Engineering	☐ Yes	☐ No
Maintenance required	☐ Yes	☐ No

Supervisor's signature:

AUTHORISATION (ALL SIGNATURES ARE REQUIRED)

Person involved in the incident

Name *(please print)*:

Signature:

Date:

Health and Safety Representative

Name *(please print)*:

Signature:

Date:

Supervisor

Name

Signature:

Date:

Area Manager

Name *(please print)*:

Signature:

Date:

Please retain a copy for the Department records and forward a copy to your Health and Safety Representative

SAFETY BRANCH USE ONLY (PLEASE INITIAL)

Adviser:..	Rehabilitation:	Database:..