

Accident investigation form

1. Particulars of accident

Date:

Time:

Location:

Date report:

2. Details of injured person

Name:

Age:

Contact number:

Address:

Type of injury / injured part of body:

3. Damaged Property

Property Damaged:

Nature of the damage:

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4. The Accident

Describe what happened:

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What were the causes of the accident?

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5. What are the chances of it happening again? (Circle Appropriate)

Frequent

Occasional

Rare

6. What has or will be done to prevent it occurring in the future?

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7. Treatment and investigation of the accident

Type of treatment given:

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Name of first aider:

Doctor/hospital:

8. Final details

Accident form completed by:

Role on committee:

Date: