

ACCIDENT/INCIDENT REPORT

Type of Incident:

Near Miss Medical Treatment Case Other Significant Event First Aid Case

If Medical Treatment Case, where was treatment obtained?

Location Details:

Project Location: _____

Project Coordinator: _____

Incident Details:

Incident/Injury: _____ Day: _____ Date: _____ Time: _____

Injured Person: _____ Male Female

Type of Injury: _____

Body part injured: _____

Location of accident/incident: _____

Witness/es: _____

Task undertaken by injured party: _____

What safety instructions and/or training were given prior to the project?

What Personal Protective Equipment (PPE) was injured person wearing at time of incident?

Describe the incident/accident, identifying the cause and including (or linking to) photos or other attachments, where relevant:

What action(s) has been taken at the project site level to prevent a recurrence?

Date action(s) implemented:

Did the injury relate to a pre-existing injury or medical condition? Yes No

If 'Yes', was this condition disclosed to the group? Yes No

Was an appropriate entry made in the Register of Injuries? Yes No

Further action recommended by Project Coordinator:

Signed: _____ Date: _____

Injured person (please print):

Signed: _____

Project Coordinator (please print):

Reported to Committee Meeting held on: / /

Comments:

Signed (Chairperson): _____ Date: / /