



ACCIDENT/INCIDENT REPORT FORM
Includes Medical and Environmental
(Delete inapplicable)

THIS REPORT IS BEING CONDUCTED ON THE FOLLOWING TYPE OF ACCIDENT/INCIDENT

INJURY DAMAGE ENVIRONMENTAL NEAR MISS
HAZARD

Accident/Incident Day and Date _____ Time _____ am/pm

Persons involved (Use a new form for each person involved)

Name Occupation:

Date of Birth Length of Employment:

Employer Shift: am/pm to am/pm

Supervisor/Foreman

Witness(es): Witness(es)::

Employer: Employer:

Address: Address:

Description of Accident/Incident by person involved or witness (if necessary
sketch/photo of accident/incident or provide additional information)

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Sketch of Accident/Incident

Injury (Circle one)

Fracture Jarring Concussion Burn Heat Exhaustion
Dislocation Crush Injury Foreign Body Stress

Other:
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Part of body affected:

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Treatment required: (Circle one)

Nil First Aid Medical Treatment (off site)

Referred to: Doctor Doctor's Name:
 Hospital Name of Hospital:
 Other (please specify)

Further details/comments
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Report completed by:

.....

(NAME IN FULL)

DATE: / /

.....

(SIGNATURE)

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(SUPERVISOR'S SIGNATURE)