

INJURY/INCIDENT INVESTIGATION FORM

Date of Incident: _____ Time: _____ am/pm
Date Reported: _____

Name of person reporting the incident/hazard: _____

Type of Accident:

Minor Injury Major Injury Illness Dangerous Event/Near Miss

Did any of the following occur?

First Aid administration Medical Treatment Lost time
 Property Damage Hazard Report completed

If yes, provide a brief description:

Details of Injured Person/s:

Name of person injured: _____

Nature of injury: _____

Injury: _____

Skill level of person performing this task: _____

About the Incident

Location of the incident: _____

Description of task being performed: _____

Description of Incident or Hazard: _____

How did the incident occur (contributing factors)?

1. _____
2. _____
3. _____
4. _____
5. _____

Environmental Conditions:

Lighting: _____ Confined Space: _____
Ventilation: _____ Floor space: _____
Wind/Rain: _____ Temperature: _____
Others: _____

What was provided:

Is formal training required for this activity? Yes No
If yes, was it provided? Yes No
Was personal protective equipment required? Yes No
If yes, was it worn? Yes No

Occurrence of the event:

Has a similar event occurred in the workplace? Yes No
If yes, comments: _____

Corrective Action

What needs to happen	By When	Person Responsible

Future recommendations: _____

Absenteeism

Did this accident result in absence from work? Yes No
If yes, the number of days lost: _____ From: _____ To: _____
Has a medical certificate been supplied? (employees only) Yes No

Management

Person Reporting: _____ Date: _____
Managing Director: _____ Date: _____