



## Incident and accident reporting form

### Record of Accident /Incident/ Serious Harm

**To be completed by the line manager and injured person and sent to H&S representative or CEO within 48 hours of the event.**

Is it an                       Accident                       Incident/Near Miss                       Condition (e.g. OOS)

Surname: .....

First name(s): .....

Residential address: .....

.....

.....

Phone: .....

Gender:    M    F

Date of event: .....Time: ..... am/pm

Date reported:.....

If OOS – date of visit to doctor:.....

Hours worked since arrival at work.....

Shift                       Day                       Evening                       Night

Location where event occurred: .....

.....

Occupation or position of injured person: .....

.....

Type of employment:

Full-time                       Part-time                       Non-employee

Period of employment:

1st week                       1st month  
 1-6 months                       7 months-1 yr  
 1-5 years                       Over 5 years

Nature of injury or disease:

<input type="radio"/> No injury	<input type="radio"/> Superficial
<input type="radio"/> Sprain or strain	<input type="radio"/> Open wound
<input type="radio"/> Head injury	<input type="radio"/> Poisoning/toxic effect
<input type="radio"/> Fracture, spine	<input type="radio"/> Other fractures
<input type="radio"/> Multiple injuries	<input type="radio"/> Foreign body
<input type="radio"/> Puncture wound	<input type="radio"/> Internal injury, trunk
<input type="radio"/> Chemical reaction	<input type="radio"/> Occupational hearing loss
<input type="radio"/> Burns	<input type="radio"/> Bruising/crushing
<input type="radio"/> Mental disorder	<input type="radio"/> Amputation, including eye loss
<input type="radio"/> Nerves/spinal cord	<input type="radio"/> Dislocation
<input type="radio"/> Disease skin	<input type="radio"/> Disease circulatory system

Disease nervous system  
 Disease musculo-skeletal system  
 Disease digestive system  
 Disease infectious or parasitic  
 Disease respiratory system  
 Tumour (malignant or benign)  
 Damage artificial aid  
 Fatal

Injured part of body:

Trunk                       Neck  
 Head                       Internal organs  
 Upper limb(s)                       Lower limb(s)  
 Multiple locations

Mechanism of event:

Fall, trip or slip  
 Sound or pressure  
 Biological factors  
 Body stressing  
 Mental stress  
 Being hit by moving objects  
 Heat, radiation or energy  
 Chemicals or other substances  
 Hitting objects with part of the body

Was a 'Significant Hazard' involved?

Yes                       No

Type of treatment given:

Nil                       First aid  
 Doctor                       Hospital

Agency of injury:

Machinery or (mainly) fixed plant  
 Mobile plant or transport  
 Tools, appliances, equipment (powered)  
 Tools, appliances, equipment (non-powered)  
 Chemical or chemical products  
 Material or substance  
 Environmental agency  
 Animal, human or biological agency (not bacterial/virus)  
 Bacterial or virus

