# FORM-01. Accident/ Incident Report

Complete this form and retain it as a record of the investigations into accidents and/or incidents (including near misses). Attach further sheets if required. Complete the Injury Report Form if the injury sustained requires medical treatment or potentially requires medical treatment.

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| **Type of Incident:** | **Health and Safety** | | | | | | | **Environmental** | | | | | |  | |
| **1).** **Date and time of accident/ incident:** | **Day -** | | | | | | **Date -** | | | **Time-** | | | | | |
| **2/.** **Exact Location of Accident/Incident (address and location at the site):** | | | | | | | | | | | | | | | |
| **3/. Describe the task being undertaken:** | | | | | | | | | | | | | | | |
| **4/. Brief description of the accident/incident:** | | | | | | | | | | | | | | | |
| **5/. Describe the conditions at the time of the accident/incident, e.g., weather conditions, traffic:** | | | | | | | | | | | | | | | |
| **6). List the major equipment causing or contributing to the accident/incident (specify individual items):** | | | | | | | | | | | | | | | |
| **Equipment List** | | | | | | | | **Make/Model** | | | | | | | |
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| **7). Names of workers involved and position/qualifications of workers:** | | | | | | | | | | | | | | | |
| **Name** | **Position/Qualification** | | | | | | | **Employee** | | | **If No - Employer** | | | | |
|  |  | | | | | | | Yes  No | | |  | | | | |
|  |  | | | | | | | Yes  No | | |  | | | | |
|  |  | | | | | | | Yes  No | | |  | | | | |
|  |  | | | | | | | Yes  No | | |  | | | | |
|  |  | | | | | | | Yes  No | | |  | | | | |
| **8). Name of Supervisor:** | | | | | | | | | | | | | | | |
| **9). Record names of victims and briefly describe injuries sustained. Complete the Injury Report Form and attach a copy if the injury suffered requires medical treatment.** | | | | | | | | | | | | | | | |
| **Name** | | | **Injury** | | | | | | | | | **First Aid** | | **Dr** | **Hospital** |
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| **10/. Any problems encountered in assisting (e.g., First aid kit inadequate):** | | | | | | | | | | | | | | | |
| **11/. Briefly describe the damage sustained:** | | | | | | | | | | | | | | | |
| **12/. Safety equipment/procedures in place – e.g., signs, barriers/guarding in place (may also be included in attached diagram):** | | | | | | | | | | | | | | | |
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| **13/. List any contributing factors to the accident/incident, e.g., Incorrect use of protective equipment:** | | | | | | | | | | | | | | | |
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| **14/. Names (and contact details if visitors/contractors) of eyewitnesses:** | | | | | | | | | | | | | | | |
| **Names** | | | | **Contact Details** | | | | | | | | | | | |
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| **15). Hazards identified and improvements required and follow-up actions:** | | | | | | | | | | | | | | | |
| **Hazards/Improvements** | | | | | | **Suggested Action** | | | | | | | | **Person Responsible** | |
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| **16/. Other Information:** | | | | | | | | | | | | | | | |
| **17). External parties involved:**  **Yes**  **No**  **If Yes, type (Police, Ambulance, Fire Brigade, Media, etc.:** | | | | | | | | | | | | | | | |
| **18). Incident Notification required** | | | | | | | | | | | | | | | |
|  | | **Yes/No** | | | **Date/Time**  **of Notification** | | | | **Method of Notification** | | | | **Person Notified/ Acknowledgment** | | |
| State Workplace Safety Authority | | Yes  No | | | - | | | |  | | | | / | | |
| Workers Compensation Insurer | | Yes  No | | | - | | | |  | | | | / | | |
| State Road Authority | | Yes  No | | | - | | | |  | | | | / | | |
| EPA | | Yes  No | | | - | | | |  | | | | / | | |
| Other: | | Yes  No | | | - | | | |  | | | | / | | |
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| **Person(s) Completing Form** | | | | | | | | | | | | | | | |
| **Name:** **Name:** | | | | | | | | | | | | | | | |
| **Position:** **Position:** | | | | | | | | | | | | | | | |
| **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
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| **Action:** | | | | | | | | | | | | | | | |
| Hazards identified above in Q/. 15 entered on the Hazard Report form | | | | | | | | | | | | | | | |
| Other: give details - | | | | | | | | | | | | | | | |
| Responsible Person - Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | | | | |
| **Complete if Required:** Diagram – location of people, tools, plant, materials, vehicles, etc. (show movement of people, tools, plant, materials, vehicles, etc.). | | | | | | | | | | | | | | | |
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| **Eye Witness/Victim Account** (if appropriate): | | | | | | | | | | | | | | | |
| Name of Witness/Victim: | | | | | | | | | | | | | | | |
| Account: | | | | | | | | | | | | | | | |
| **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:** | | | | | | | | | | | | | | | |