# 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** |
|  | -  | [ ]  | [ ]  | [ ]  |
|  | - | [ ]  | [ ]  | [ ]  |
|  | -  | [ ]  | [ ]  | [ ]  |
|  | -  | [ ]  | [ ]  | [ ]  |
| **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 [ ]  | -  |  | / |
|  |
| **Person(s) Completing Form**  |
|  **Name:** **Name:**  |
|  **Position:** **Position:**  |
|  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **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:**       |