

# ACCIDENT / INCIDENT FORM

Refer to guidance notes on completing the form

|   |   |                        |                              |                   |  |          |
|---|---|------------------------|------------------------------|-------------------|--|----------|
| <b>✓<br/>B<br/>O<br/>X<br/>E<br/>S</b>  | EMPLOYEE  | CONTRACTOR             | PUBLIC                       | VIOLENCE          | IND DISEASE  | FIRE     |
|   | AGENCY  | EQUIPMENT              | VEHICLES                     | SECURITY          | ASBESTOS   | PROPERTY |
|   | FATALITY  | SPECIFIED MAJOR INJURY | OVER 7 DAY INJURY            | NEAR MISS         | FOR FATALITY, 'MAJOR' INJURY OR DANGEROUS OCCURRENCE<br>CONTACT PHSO ☎265456 |          |
| <b>A<br/>C<br/>C<br/>I<br/>D<br/>E<br/>N<br/>T</b>  | DATE OF ACCIDENT:   |                        |                              | TIME OF ACCIDENT: |  |          |
|   | NAME OF INJURED PERSON:   |                        |                              |                   |  |          |
|   | AGE:  |                        | OCCUPATION:                  |                   | UNIT:  |          |
|   | HOME ADDRESS:   |                        |                              | DIRECTORATE:      |  |          |
|   | DATE AND TIME CEASED WORK:  |                        |                              |                   |  |          |
|   | INJURIES:   |                        |                              |                   |  |          |
|   | DETAILS OF TREATMENT (INC. HOSPITAL/DOCTOR):  |                        |                              |                   |  |          |
| <b>INCIDENT ONLY</b> DATE:      TIME:   |   |                        |                              |                   |  |          |
| <b>C<br/>O<br/>M<br/>P<br/>L<br/>E<br/>T<br/>E<br/><br/>I<br/>N<br/><br/>A<br/>L<br/>L<br/><br/>C<br/>A<br/>S<br/>E<br/>S</b> | LOCATION OF ACCIDENT/INCIDENT:  |                        |                              |                   |  |          |
|   | NAME OF WITNESS:  |                        |                              |                   |  |          |
|   | DESCRIPTION OF EVENT:   |                        |                              |                   |  |          |
|   | NAME OF PERSON REPORTING:   |                        |                              | SIGNATURE:        |  |          |
|   | DESIGNATION:  |                        |                              | DATE:             |  |          |
|   | COMMENTS OF INVESTIGATING OFFICER AND ANY SUGGESTIONS WHICH COULD PREVENT SIMILAR OCCURRENCES |                        |                              |                   |  |          |
|   | NAME OF INVESTIGATOR/SUPERVISOR:  |                        |                              | SIGNATURE:        |  |          |
| DESIGNATION:  |   |                        | SAFETY REP ADVISED: YES / NO |                   |  |          |
| COMMENTS:   |   |                        |                              |                   |  |          |
| NAME OF ASSISTANT DIRECTOR:   |   |                        |                              | SIGNATURE:        |  |          |

