



Accident/Incident Report Form

January 2022
Version 5

Date of Accident/Incident:	Time of Accident/Incident:
Department and exact location:	
Reported by: Company:	Date Reported: Reported to:

Details of Person(s) involved:

Name:	ID Number:
<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other (Please Specify):	

Details of any injuries:

Type of Injury:	No Injuries: <input type="checkbox"/>			
Graze/Scratches: <input type="checkbox"/>	Cut/Laceration: <input type="checkbox"/>	Dislocation: <input type="checkbox"/>	Fracture: <input type="checkbox"/>	
Chemical Splash: <input type="checkbox"/>	Concussion: <input type="checkbox"/>	Puncture: <input type="checkbox"/>	Scald: <input type="checkbox"/>	
Electric Shock: <input type="checkbox"/>	Sprain: <input type="checkbox"/>	Bruise: <input type="checkbox"/>	Burn: <input type="checkbox"/>	
Bite: <input type="checkbox"/>	Other(Please Specify): <input type="checkbox"/>			
Body Part affected:				
Head: <input type="checkbox"/>	Face: <input type="checkbox"/>	Eyes: <input type="checkbox"/>	Neck: <input type="checkbox"/>	Shoulder (L/R): <input type="checkbox"/>
Chest: <input type="checkbox"/>	Abdomen: <input type="checkbox"/>	Arm (L/R): <input type="checkbox"/>	Hand (L/R): <input type="checkbox"/>	Leg (L/R): <input type="checkbox"/>



**Accident/Incident Report
Form**

**January 2022
Version 5**

Back: Ankle (L/R): Foot (L/R):

Other (Please Specify): Hip broken

Treatment: **No treatment necessary:**

First Aid: Name of FAR:

Doctor: Hospital: Other (Please Specify):

Names and contact details of any Witnesses :

Details of what happened: (provide as much detail as possible, use additional sheets if necessary)



**Accident/Incident Report
Form**

**January 2022
Version 5**

[Empty rectangular box for report content]

Actions required to prevent a recurrence:

Action	Responsible	Due By



**Accident/Incident Report
Form**

**January 2022
Version 5**

--	--	--

Signature(Person completing this Report): _____ Date:_____

Please forward completed report to the Health & Safety Manager