

Prevention Connection



Safety resources to protect your world

Incident & Accident Report Form

Use this form to report any personal injuries, near misses, and any dangerous occurrences that take place on premises.

Details of the accident/incident

Date: _____ Time: _____ Location: _____
Describe the injury or incident:

What happened? How did it happen?

Were there any witnesses? _____ If so, give their contact details (name, phone, address)

Was anyone injured?

Name: _____ Age: _____ M F Employer: _____
Address: _____ Phone: _____
(If more than one person was injured, complete a separate "Incident & Accident Report Form.")

Treatment details

None First Aid Outpatient Clinic Advised to see own GP Hospital
Hospital Stay? *How many nights?* Absent from work? *How many days?*
Other treatment details:

Action

What action has been taken to prevent a reoccurrence?

Form completed by:

Name: _____ Title: _____ Phone: _____
Address: _____ Date: _____