

## EMPLOYEE ACCIDENT / INCIDENT REPORT FORM

### Personal Details

Name: \_\_\_\_\_ Date of Report:    /    / \_\_\_\_\_

Date of Birth:    /    / \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Occupation or Job Title: \_\_\_\_\_

Section or Department: \_\_\_\_\_

### Accident/Incident Details

Please tick:  Accident     Injury     Near Miss     Minor Incident     Work Caused Illness

Date of Accident/Incident:    /    /    Time:    am/pm    Date Reported:    /    / \_\_\_\_\_

Location: \_\_\_\_\_ Witness Name (if any): \_\_\_\_\_

Reported to Whom: \_\_\_\_\_

Describe what happened or in the instance of a near miss, what could have happened. Include what you were doing at the time, what led to the accident/incident, and also what processes, equipment and/ or chemicals were involved:

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### Injury Details

Describe the nature of injury/disease and or property damage:

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Part of body injured/affected: \_\_\_\_\_

Medical attention provided:  None     First Aid     Ambulance     Doctor

### Contributing Factors

What were the contributing factors (if any)? \_\_\_\_\_

### Corrective Actions

Detail immediate actions: \_\_\_\_\_

To prevent this event from occurring in the future, what controls can be put into place?

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