**Accidents Report Form**

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| Particulars of Accident |
| Date: | Time: | Location: | Date reported: |
| Details of Injured Person |
| Name: | Age: | Contact number: |
| Address: |
| Type of injury:Injured part of body: |
|  |
| DAMAGED PROPERTY |
| Property damaged: |
| Nature of damage: |
|  |
| THE ACCIDENT |
| Describe what happened |
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| WHAT WERE THE CAUSES OF THE ACCIDENT? |
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| How bad could it have been? |
| [ ]  Very serious [ ]  Serious [ ]  Minor |
| What is the chance of it happening again? |
| [ ]  Frequent [ ]  Occasional [ ]  Rare |
| What has or will be done to prevent it occurring again in future? By whom? When? |
|  |
|  |
|  |
| TREATMENT AND INVESTIGATION OF ACCIDENT |
| Type of treatment given: | Name of first aider: | Doctor/hospital: |
| ACC form completed? | Date: | OSH advised? | Date: |