**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? | | | | | |
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|  | | | | | |
| TREATMENT AND INVESTIGATION OF ACCIDENT | | | | | |
| Type of treatment given: | | Name of first aider: | | Doctor/hospital: | |
| ACC form completed? | Date: | | OSH advised? | | Date: |