**Accident Investigation Form**

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| Name of Safety Monitor: |

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| Date: |  | Time: |

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| **Details of injured person** |

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| Name: |

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| Department: |  | Job Title: |

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| Approx. length of service: |  | Approx. length of time in current job: |

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| **Details of accident** |

Briefly describe the circumstances leading to the Accident:

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Describe the equipment/processes being used (if any):

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Describe any circumstances that may have contributed to the Accident:

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| **Details of injury** |

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| What type of injury was sustained or is suspected? |  |  |

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| What part of the body was injured? |  |  |

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| Was First Aid or medical attention provided (please circle)? |  | **YES NO** |

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| If so, was it prompt (please circle)? |  | **YES NO** |

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| If not, why not? |  |  |

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| How long is the person who suffered the injury likely to be out of work? |  |  |

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| **Environmental conditions** |

What were conditions like prior to the accident occurring? (e.g. noise, temperature, lighting, dust, fumes, housekeeping, etc.):

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| **Training and experience** |

What level of training did the worker receive?

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Was he/she told of the hazards, safety features and means of protection (please circle)? **YES NO**

How experienced was he/she?

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Was there anyone present to provide instruction or assistance?

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| **Any other notes** |

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| **Sketch of scene** |

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Witnesses:

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| Name: |

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| --- | --- | --- |
| Department: |  | Job Title: |

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| Name: |

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| Department: |  | Job Title: |

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| **Machinery/Equipment** |

State if any machinery, tools or equipment were being used:

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Were safety devices or/and guards in place (please circle)? **YES NO**

Were your fit for purpose (please circle)? **YES NO**

Was there regular maintenance (please circle)? **YES NO**

Did it encompass safety (please circle)? **YES NO**

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| **Work system/Regime** |

Is there anything about the method of work or the way it is organised or supervised which might be relevant to the Incident? (e.g. absence of breaks, overtime, shift work, isolation, etc.)

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Were undue work pressures or time constraints placed on the worker (please circle)? **YES NO**

What was the level of supervision and safety management?

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Is there a safety statement and does it deal with the particular hazard (please circle)? **YES NO**

Was any protective clothing or equipment warranted and, if so, was it provided?

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| **Records/Complaints** |

Were there previous Incidents/complaints/reports/requests for action connected to the hazard? If so, describe who was involved and the nature of the communication and any response or follow up:

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| **Preventative Actions** |

What actions have been taken to prevent further occurrence?

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| **Confirmation** |

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| Signature of Site Monitor: |  | Date: |