

Accident Investigation Form

Construction

ACCIDENT INVESTIGATION

Home address:

textarea

Employee working since:

DATE

2017-01-01

Type of injury

Photo :

UPLOAD

Comments :

Equipment involved:

substances/chemical involved:

Accident description:

Cause of accident:

Name of organisation:

Department:

Date of accident:

Date the accident was reported

Time of accident:

Type of accident

Medical aid provided:

Name of injured person:

Department and designation:

Contact number:

Date of birth:

DATE

2017-01-01

Accident severity: (minor/serious/very serious)

minor

serious

very serious

Likelihood of happening again (never/rare/occasional/often)

never

rare

occasional

often

Suggested actions to be taken to avoid similar accidents:

Description:

textarea

Supervisor incharge for actions:

To be completed by:

Type of first aid:

First aid given by:

Name of doctor/hospital:

Has work safety advice been given?

Accident investigated by:

Signature:

SIGNATURE