

Accident investigation form

Business name: Date of accident: Time:

Location: Date accident reported:

PCBU in charge: Others of authority:

Business activity: Is there a Work Place policy Yes/No

Injured Person: Address:

Address:

Date of Birth: Contact No: Start date of employment:

Type of injury: (please circle) Bruising. Dislocation. Strain/Sprain. Fracture. Scratch/Abrasion.
Internal injury. Foreign body. Laceration/Cut. Burn/Scald. Chemicals.
Other:

Part of body injured: Treatment:

Comments:

Property/Equipment Damaged: (describe damage)

Describe the accident:

How did the accident happen (ie the cause):

Rank the seriousness: Minor. Serious. Very serious.
Is the accident likely to happen again: Not often. Occasionally. Often.

What has been done to manage the hazard:

Who investigated the accident/incident?

Has Work Safe been advised: Yes/No Date: