



## ACCIDENT/INCIDENT REPORTING

- An accident/incident form should be completed for all accidents and near misses.
- The form should be completed with the injured party immediately after the incident or arrange for a 3<sup>rd</sup> party to complete the form on behalf of the injured person.
- If it is not possible to complete the accident form at the time of the incident the form can be completed at a later date. It is advised that you obtain as much detail from the injured person as possible at the time of the incident.
- A separate form should be completed on behalf of each injured person.
- The completed form should be passed to your line manager, supervisor or the relevant department responsible.
- Where possible photographs of the location of the incident should be attached to the form.

•	Where the accident is a slip, trip or fall it is important that any additional factors be
	recorded, information such as weather conditions on the day and condition/type of
	footwear worn by the injured party.

•	The information on the form should be factual and not the opinion of the person
	completing the form.

## **ACCIDENT / INCIDENT REPORT FORM**

Nature of Incident/Accident		
(trip/slip/fall/crush)		
Location of Accident/Incident		
Date of Accident/incid	ent:	Time of Accident/incident
Name of Person		I
Affected/Injured		
Home Address		
Date of Birth:		Contact No.
		Contact No:
Details of Incident/Acc	cident	
Where any Substance	s Hazardous to healtl	n involved? YES / NO
		n involved? YES / NO been completed? YES /NO

Accident/Incident		
(If not affected person)		
Address		
Witnesses (if any)		
Name		Name
Address		Address
Address		Address
Contact number		Contact number
Additional Information	า	
B P. LA. P T. L.		O' I - Do I II D' I
Remedial Action Take	n / Recommendations	Given to Prevent Further Risk.
Details of Person Com	pleting this Report	
Name		Position in Company
Address		Date
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		Signed