



# **Safety Representatives**

# **Accident Investigation Form**



## ACCIDENT INVESTIGATION FORM

Name of Safety Representative \_\_\_\_\_ Date \_\_\_\_\_

### 1. DETAILS OF INJURED PERSON

Name \_\_\_\_\_

Department \_\_\_\_\_

Job title \_\_\_\_\_

Approximate length of service \_\_\_\_\_

Approximate length of time on current job \_\_\_\_\_

### 2. DETAILS OF ACCIDENT

Briefly describe the circumstances leading to accident

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Describe equipment/processes being used (if any)

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Describe any circumstances that may have contributed to the accident

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### 3. DETAILS OF INJURY

What type of injury or ill health 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? \_\_\_\_\_

If so, was it prompt? \_\_\_\_\_

If not, why not? (e.g. was there any problem arising from the lack of trained people or resources to treat the victim) \_\_\_\_\_

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

### 4. ENVIRONMENTAL CONDITIONS

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

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### 5. TRAINING/EXPERIENCE

What level of training did the worker receive?

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Was he/she told of the hazards, safety features and/or means of protection?

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How experienced was he/she?

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Was there anyone present to provide instruction or assistance?

**6. SKETCH OF SCENE**

**WITNESSES**

Name \_\_\_\_\_ Department \_\_\_\_\_ Job title \_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_ Job title \_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_ Job title \_\_\_\_\_

## 7. MACHINERY/EQUIPMENT

If machinery, tools or equipment were being used:

Were safety devices/guards in place? \_\_\_\_\_

Were they fit for purpose? \_\_\_\_\_

Was there regular maintenance? \_\_\_\_\_

Did it encompass safety? \_\_\_\_\_

## 8. 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 accident? (e.g. absence of breaks, overtime, shift work, isolation, bonus system, etc.)

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Were undue work pressures or time constraints placed on the worker?

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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?

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

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## 9. RECORDS/COMPLAINTS

Were there previous accidents/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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**10.OTHER OBSERVATIONS**

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