

## ACCIDENT/INCIDENT REPORT

### Type of Incident:

Near Miss

Medical Treatment Case

Other Significant Event

First Aid case

If Medical Treatment Case, where was treatment obtained?  
\_\_\_\_\_

### Work site Details:

Project Location: \_\_\_\_\_

Project Manager: \_\_\_\_\_

### Incident Details:

Incident/Injury: \_\_\_\_\_ Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Injured Person: \_\_\_\_\_ Male  Female

Type of injury: \_\_\_\_\_

Body part injured: \_\_\_\_\_

Location of accident/incident: \_\_\_\_\_

Witness/es: \_\_\_\_\_

Task undertaken by injured party: \_\_\_\_\_

What safety instructions and/or training were given prior to project?  
\_\_\_\_\_  
\_\_\_\_\_

What Personal Protective Equipment (PPE) was injured person wearing at time of incident?  
\_\_\_\_\_  
\_\_\_\_\_

Describe the incident/accident, identifying the cause:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What action(s) has been taken at the work site level to prevent a recurrence?

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Date action(s) implemented:

Did the injury relate to a pre-existing injury or medical condition?

Yes  No

If 'Yes', was this condition disclosed to the group?

Yes  No

Was an appropriate entry made in the Register of Injuries?

Yes  No

Further action recommended by Project Manager:

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Signed:

Date:

Injured person (please print):

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Signed:

Date:

Project Manager (please print):

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Reported to Committee Meeting held on:     /     /

Comments:

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Signed (Chairperson):

Date:     /     /