



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

Describe equipment/processes being used (if any)

Describe any circumstances that may have contributed to the accident

3. DETAILS OF INJURY

What type of injury or ill health was sustained or is suspected?

What part of the body was injured?

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) _____

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.)

5. TRAINING/EXPERIENCE

What level of training did the worker receive?

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

How experienced was he/she?

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 _____

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.)

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

What was the level of supervision and safety management?

Is there a safety statement and does it deal with the particular hazard?

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

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.

10. OTHER OBSERVATIONS
