

ANNEXURE R
ACCIDENT/INJURY REPORTING FORM

Accident/injury reporting form



THIS SECTION TO BE COMPLETED BY VOLUNTEER WHO HAS WITNESSED/BEEN INVOLVED IN AN ACCIDENT

Date of accident:		Time of accident:	
Location: <i>(Address and area of accident)</i>			
Person/s involved:			
Details of accident: <i>(what actually happened from time of accident until time of report)</i>			
Name of injured person/s:			
Details of injury: <i>(what part of the body and what type of injury)</i>			
Details of Witness/es: <i>(anyone who saw the accident but was not involved)</i>			
Action taken after the injury was discovered:			
What could have been done better?			

DETAILS OF PERSON COMPLETING THIS SECTION OF THE FORM

Full Name:		Signature:	
Position:		Date:	

THIS SECTION TO BE COMPLETED BY PERSON INVESTIGATING THE ACCIDENT

<p>What was the real root cause?</p> <p>Examples below;</p> <ul style="list-style-type: none"> • not following process, • flaw in process, • operator error, • insufficient training, • insufficient PPE <p>Provide a sketch if appropriate (attach separate page)</p>	
<p>What was the impact of the incident?</p> <p>Examples below;</p> <ul style="list-style-type: none"> • loss of time (injured party not returning to work) • damage to property (cost) • damage to materials (cost) 	
<p>Recommended action to prevent re-occurrence</p>	
<p>Remedial action actually taken</p>	

DETAILS OF PERSON COMPLETING THIS SECTION OF THE FORM

Full Name:		Signature:	
Position:		Date:	
Are there any outstanding actions?			

**DETAILS OF HEALTH AND SAFETY DRIVER
(in most cases, this should be the Department Manager)**

Any further comments to add?			
Full Name:		Signature:	
Position:		Date:	