

Surname : \_\_\_\_\_

First name : \_\_\_\_\_

Day and date of incident : \_\_\_\_\_  
Day Date

Time of incident : \_\_\_\_\_

Location of incident : \_\_\_\_\_  
Village name

Exact location of incident : \_\_\_\_\_  
Example : reception, workshop, in car park, bowling green etc

What was the injury or incident : \_\_\_\_\_  
Give full details : example, cut on little finger on left hand, slip on wet floor, tripped over etc

How did the accident / incident / injury happen ? What was happening when the accident / incident / injury occurred ? Describe in detail what caused the accident / incident / injury. Attach additional information if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What protective equipment was being used or worn at the time of the accident / incident / injury?

\_\_\_\_\_  
\_\_\_\_\_

Describe any medical treatment or follow up action required after the accident / incident / injury:

\_\_\_\_\_  
\_\_\_\_\_

Was anyone else involved in the accident / incident / injury? If yes, please provide details :

\_\_\_\_\_  
\_\_\_\_\_

Consequence of incident :

**Injury**

- Fatality
- Lost time (not available for normal work the day after an injury)
- Medical treatment
- First aid
- No injury

**Person affected**

- Worker
- Resident
- Contractor

# ACCIDENT / INCIDENT / INJURY FORM



Witness's name

Contact details *(attach witness statements if available)*

To whom was the accident / incident / injury reported ?

When was the accident / incident / injury reported ?

In your opinion, what action if any could be taken to prevent a recurrence of the incident ?

Was the ambulance called ?  No  Yes → Incident # :

Were the police called ?  No  Yes → Incident # :

Was medical treatment sought ?  No  Yes → Location :

Was first aid treatment administered?  No  Yes → Location :

Was it a notifiable incident to a Government Authority?  No  Yes →

Information :

Date and time :

Injured person's name

Signature

Date

## VILLAGE COORDINATORS USE ONLY

To whom was the accident / incident / injury reported ?

Date and time the accident / incident / injury was reported :

Village Coordinator comments and initial investigation notes :

Village Coordinator follow up action required :

Target date for follow up action :

Follow up action to be performed by whom ?

Will the injured worker be off work for more than 7 calendar days ?  Yes  No

Have all possible actions been taken to prevent a recurrence ?  Yes  No

Village Coordinator name

Signature

Date

**EMAIL THIS FORM TO HEAD OFFICE AND FILE ORIGINAL**