



Accident Investigation

DEPARTMENT OF
LABOUR
TE TARI MAHI

Name of organisation: Branch/department:

PARTICULARS OF ACCIDENT

Date of accident M T W T F S S	Time	Location	Date reported
-----------------------------------	------	----------	---------------

THE INJURED PERSON

Name		Address		
Age	Phone number			
Date of accident		Length of employment — at plant		on job
TYPE OF INJURY:	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Other (specify)	Injured part of body
<input type="checkbox"/> Strain/sprain	<input type="checkbox"/> Scratch/abrasion	<input type="checkbox"/> Internal		
<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign body	Remarks	
<input type="checkbox"/> Laceration/cut	<input type="checkbox"/> Burn scald	<input type="checkbox"/> Chemical reaction		

DAMAGED PROPERTY

Property/ material damaged	Nature of damage
	Object/substance inflicting damage

THE ACCIDENT

Description

Describe what happened (space overleaf for diagram — essential for all vehicle accidents)

Analysis

What were the causes of the accident?

HOW BAD COULD IT HAVE BEEN?

Very serious Serious Minor

WHAT IS THE CHANCE OF IT HAPPENING AGAIN?

Minor Occasional Rare

Prevention

What action has or will be taken to prevent a recurrence? Tick items already actioned

Use space overleaf if required		By whom	When

TREATMENT AND INVESTIGATION OF ACCIDENT

Type of treatment given	Name of person giving first aid	Doctor/Hospital	
Accident investigated by	Date	OSH advised YES / NO	Date