employee rescue

ACCIDENT STATEMENT FORM

1. WHO WAS INJURED?

NAME	**DATE**
JOB TITLE	**EMPLOYEE NUMBER**

2. YOUR JOB

Is there anything about the job which affected the accident? For example, are you doing overtime, not had a break, working on your own, etc.?
Are you under pressure to be fast or to deliver?
Do you have a supervisor? Where were they at the time of your accident?
Have you had any health and safety training?
Have you had training on the job you were doing when you were injured?
How long have you been doing this job?
How old are you?
What is your employer's policy on Health and Safety and Accidents at Work? Get copies and attach.
Is there any PPE (personal protective clothing and equipment) required? Did you have the correct PPE?

3. THE ACCIDENT

What were you doing before the accident?
What equipment were you using?
How were you using the equipment?
What do you think contributed to the accident?
What were the work conditions before the accident? For e.g., was it particularly hot or cold, dusty etc.?

4. THE INJURY

What part of your body was injured? (Attach pictures of your injury)
Were you given First Aid? What was given and how soon after your injury? If you were not given First Aid, state why.
Did you see the Doctor? How soon after your injury did you see the Doctor and what did he say? If you did not see the Doctor, state why.

5. PICTURE AND SKETCH OF THE SCENE

Make a sketch of the accident scene here and what happened. Also attach a photograph of the scene.

6. WITNESS/S

Name: **Job Title:**	**Telephone Number:** **Email:**
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7. IF EQUIPMENT CAUSED INJURY

Were the safety guards or other safety devices in place?
Have they been serviced and maintained?
Were they safe?

8. RECORDS

Do you know if there have there been previous accidents or reports about this hazard?

ANY FURTHER INFORMATION