



Accident Report Form

01 WHAT IS AN ACCIDENT REPORT FORM?

All accidents are considered as incidents. However, an accident report form focuses more on the injury whereas the incident report form is intended to focus on the cause and prevention of further occurrences.

The Accident Report Form is in 2 parts. The first part is completed by the employee who suffered the accident, and the second part is completed by the supervisor.

An accident report is an important tool used to document the accident and assist in investigating the cause. It also assists to develop procedures that may be put in place to prevent it from happening again.

The supplied template calls on the employee(s), with the assistance of a manager, to fill in the first page details including:

- ✓ employee details
- ✓ injury details- including date, time and expected time off work
- ✓ medical treatment required
- ✓ events leading up to the injury- this is important to gain the employees perspective of what actually happened.

02 SUPERVISOR'S REPORT

The second section of the form is to be completed by the manager and requires the manager to identify the following:

- ✓ witness details
- ✓ how the accident happened
- ✓ how a recurrence can be prevented.

It is important to show outcomes of the investigation and to document what actions can or will be taken to prevent another injury occurring in a similar scenario.

Outdoor Media Association

Suite 504, 80 William Street, East Sydney NSW 2011
T 02 9357 9900 F 02 8356 9500 E info@oma.org.au
ABN 59 004 233 489 www.oma.org.au

The Manager should decide whether or not the accident should also be documented as an incident needing further investigation. This may well be the case depending on the cause of the accident and the possibility of it happening again due to job design, system or procedural faults needing additional investigation and control.

Should your company decide to merge both the accident and incident form together into one document then the suitability of this should be assessed at senior management level to ensure that a detailed and documented approach to both matters is still achieved.

NOTE: The template provided can be used for all accidents. However, it is important to check with your state regulatory body requirements and/or your company Insurer about the legal requirements for reporting “serious and notifiable incidents”.

Accident Investigation Report Form

EMPLOYEE DETAILS

Name: _____ Position: _____

Address: _____

INJURY DETAILS

Date of accident: _____ Time: _____ Date Reported: _____ Time: _____

Date ceased work: _____ Time: _____ Supervisor: _____

Time lost (to date): _____ Time lost (anticipated overall) _____

Medical Treatment required:

Nature and extent of injury

- | | | | |
|----------------------|--|--|--------------------------------------|
| Part of body injured | <input type="checkbox"/> Head | <input type="checkbox"/> Trunk | <input type="checkbox"/> Multiple |
| | <input type="checkbox"/> Eyes | <input type="checkbox"/> Arm | <input type="checkbox"/> General |
| | <input type="checkbox"/> Neck | <input type="checkbox"/> Leg | <input type="checkbox"/> Unspecified |
| Nature of injury | <input type="checkbox"/> Sprain | <input type="checkbox"/> Laceration | <input type="checkbox"/> Burn |
| | <input type="checkbox"/> Fracture | <input type="checkbox"/> Concussion | <input type="checkbox"/> Superficial |
| | <input type="checkbox"/> Multiple | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Amputation |
| | <input type="checkbox"/> Contusion | <input type="checkbox"/> Other | |
| Type of incident | <input type="checkbox"/> Flying object | <input type="checkbox"/> Manual handling | <input type="checkbox"/> Electricity |
| | <input type="checkbox"/> Struck by | <input type="checkbox"/> Poisons | <input type="checkbox"/> Fall |
| | <input type="checkbox"/> Caught in | <input type="checkbox"/> Temperature | <input type="checkbox"/> Other |

Describe the events leading up to the injury and how the injury occurred (witness or injured person's statement).

Accident Investigation - Supervisor's Report

Witness Details			
How did the accident happen?			
What caused the accidents	<input type="checkbox"/> Ineffective guarding	<input type="checkbox"/> Lack of protective equipment	<input type="checkbox"/> Lack of training
	<input type="checkbox"/> Lack of maintenance	<input type="checkbox"/> Safety rules not followed	<input type="checkbox"/> Inexperience
	<input type="checkbox"/> Unsafe work methods	<input type="checkbox"/> Misconduct	<input type="checkbox"/> Workplace design (equipment, design, layout)
	<input type="checkbox"/> Weather	<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Language difficulties
Explain			
How can a recurrence be prevented?			

Supervisor's name: _____

Signature: _____ Date: _____

Appropriate Government/insurance bodies Advised? (If applicable) Yes/No

Date : _____

Is this a Work-related injury? Yes/No

