

Workplace Accident Investigation Record



Details:

Name of affected person(s)

Company

Company Address

Home Address

Occupation

Incident Details:

Date Time

Type of incident Near Miss Minor Injury Major Injury Ill-Health

Address & Location of Incident

Full Description of Incident

Injury Sustained

Witness Statement:

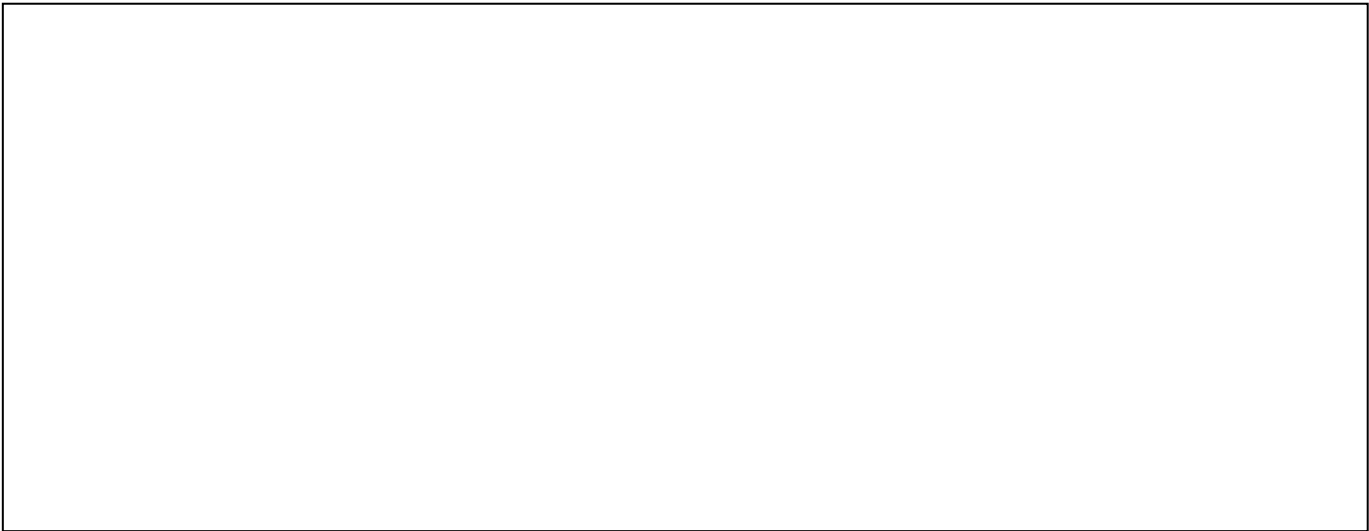
(Include details such as who witnessed the incident, and their account of what happened).

Witness Name	Position in company	Signature

Workplace Conditions

A large, empty rectangular box with a thin black border, intended for recording workplace conditions.

Plant / Equipment Conditions

A large, empty rectangular box with a thin black border, intended for recording plant or equipment conditions.

Working Method Used

A large, empty rectangular box with a thin black border, intended for recording the working method used.

Training / Experience

Other Factors (including PPE)

Analysis and Outcome:

What was the immediate cause?

What were the underlying causes or contributing factors?

What action is required to prevent similar occurrences?

(include by whom and by when)

Task	By Whom	By When	Achieved?

Signed Position Date