



ACCIDENT / INJURY REPORT

DESCRIPTION OF CIRCUMSTANCES

Date of accident _____

Place where accident occurred _____

Supervisors name _____

Injured persons name, address and phone number _____

Describe how accident occurred _____

Describe any injury incurred _____

Name & address of doctor if consulted _____

Name, address & phone no. of Witness _____

Was any property/equipment damaged? _____

Did the accident involve injury to any other people? _____

If so what is/are their name/s and address/s _____

Were any Safety Directions or requirements being infringed? _____

If so, give details. _____

Corrective action taken/recommended _____

Signed

Date

Supervisor