Accident, Incident, Injury & Illness Report

Name of person reporting:		**Date Reported:**	
Type of Report:	*Injury/Illness OR Accident (complete section A, B and C)* *Incident Only (complete section B)*		

Section A

Name of injured person:		☐Employee ☐Contractor ☐Visitor	
If Employee – Position:			
Contact Address:		**Ph:**	

Result of Accident/Incident Injury:					**Describe the Injury/Illness?**
Head			**Left**	**Right**	
Face		**Shoulder**			
Neck		**Arm Pit**			
Upper Back		**Upper Arm**			
Lower Back		**Lower Arm**			
Chest		**Elbow**			
Abdomen		**Wrist**			
Pelvis/ Groin		**Hand**			**Detail of Treatment Provided following the injury:**
Lips		**Buttocks**			
Teeth		**Hip**			
Tongue		**Thighs**			
Nose		**Lower Leg**			
Fingers		**Knee**			
Toes		**Ankle**			
Other:		**Eyes**			
Other:		**Ears**			

Section B

When did the accident/incident/injury/illness occur?	**Time:**	am/pm	**Date:**	
Exact Location where the accident/incident/injury/illness happened:				
What happened/Who was involved? (Include equipment/the names of people involved (use eyewitnesses if available - get a written account):				
Why did the accident/incident/injury/illness happen? (Use eyewitnesses if available - get a written account):				
What will you do to make sure accident/incident/injury/illness does not happen again?				

Action	Person Responsible	Time Frame	Action Completed (Date/Signature)

Witnesses:	**Yes/No**	**Witness Contact details:**

Name	Address	Phone

Form Completed:	**Time:**	am/pm	**Date:**	
Work Injury Claim Reported:	Yes/No	**Reported By:**		**Date:**

Investigation:	*Is further investigation of this accident/incident required due to a) the cause is not obvious or is complex.* *b) the actual or potential damage or injury being serious and/or* *c) it is a notifiable incident?* *If YES, complete an Accident/Incident Investigation Report.*	Yes/No

Section C			
Management Representative:		**Injured Person:**	
Name:		**Name:**	
Position:		**Position:**	
Signature:		**Signature:**	
Date:		**Date:**	