

This is a free example of a safety template. For further information, guidance or for help if you find a problem and don't know what to do about it, please email us for a free site assessment.

info@orbisenvironmental.com, call us on **01656 470044** or visit our website www.orbisenvironmental.com

Report number:	Accident book number:
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Section A. The injured person	Name:	Position:
	Address:	
	Post code:	Tel:

Section B The Incident	Date of incident:	Time of incident:	Reported by:
	Location of incident:		Reported to:

Nature of incident:

Personal injury Near miss Property damage Environmental

Classification of incident: Major Serious Moderate Minor

Description of incident:

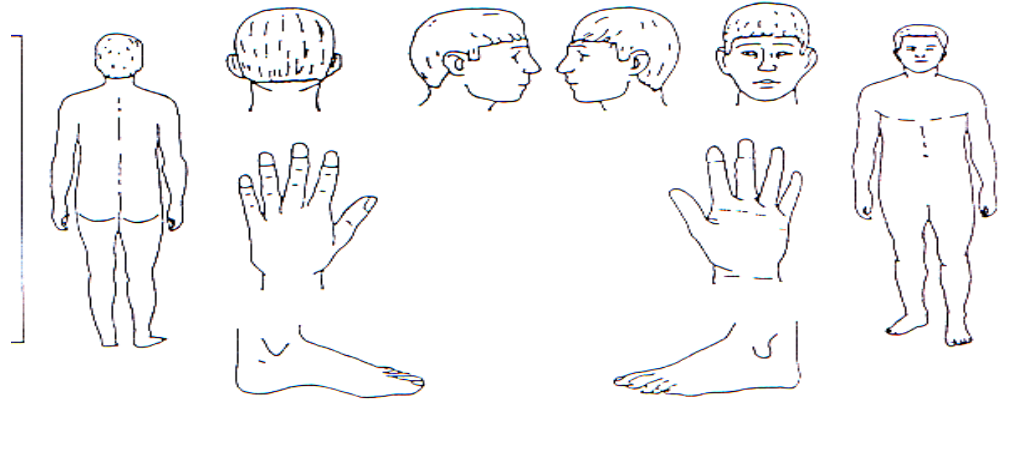
Incident investigation Performed: yes no

Immediate cause of incident:

Action to be taken to prevent reoccurrence:

Action to be taken by:

Date:

Section C	
Nature of injury	
<input type="radio"/> Strain <input type="radio"/> Sprain <input type="radio"/> Bruise <input type="radio"/> Cut <input type="radio"/> Scratch <input type="radio"/> Burn (hot material) <input type="radio"/> Burn (chemical) <input type="radio"/> Crush <input type="radio"/> Fracture <input type="radio"/> Other.....	<p>Mark location of injury on figure above</p>

Section D	Details of treatment:
Treatment	Administered by:

Casualty status: Returned to work Sent home Driven home Hospital

Section E	Name of person making report:	
Signature	Signature:	Date:

Investigation report

To be completed by Line Manager

Name of organisation				
Address of premises				
Date of accident				
Identification of area within the premises				
Investigation undertaken by (print name)				
	Yes	No	N/A	Comments
Have all physical details been recorded (photos, sketches, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has equipment and plant been examined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have samples been collected of substances and materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interviews				
Have witnesses been interviewed or given statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the injured person been interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the person(s) causing the accident or incident been interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documents				
Have all necessary documents been collected and examined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Analysis				
Have all immediate causes been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all underlying and root causes been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the workplace or premises involved contribute to the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the plant, equipment or substances being used contribute to the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the process or procedures adopted contribute to the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the people involved contribute to the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Were those who caused the event or injury adequately trained, informed, competent and experienced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was there suitable supervision and control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was there co-operation among the staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was there suitable communication among the staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were those involved in the event competent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was all plant, equipment and the workplace adequately designed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were there adequate implementation procedures to ensure safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were risk assessments carried out and acted upon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any management issues that contributed to the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remedial Actions				
Are additional controls required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do systems of work need amending?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do policies and procedures require reviewing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Details of Remedial Actions				
Investigation undertaken by (print name)	<input type="text"/>			
Investigation undertaken by (print name)	<input type="text"/>			