|  |
| --- |
| 🞎 **Accident/Injury** 🞎 **Incident** 🞎 **Hazard** 🞎 **Near Miss** |
| PART A – INCIDENT DETAILS  |
| Employee Name: | Parish:  |
| Date of Birth: | Job Title: |
| Date of Incident: / / Time: a.m./ p.m. | Date reported: / / Time a.m./ p.m. |
| Task being performed: |
| Location where accident occurred *(e.g. warehouse, office):* |
| What happened? Please include what work was being done, any tools or equipment involved: *(e.g. slipped on wet floor whilst cleaning*): |
|  |
| Witnesses *(if any)*:- |
| Person completing the register (if not injured worker): |
| **Part B - INJURY DETAILS** |
| Nature of injury *(e.g. cut, bruising, sprain*) |
| Body location of injury *(e.g. shoulder, back*) |
| *Injury**Treatment* | 🞎 No treatment |  |
| 🞎 First Aid | *Treatment Provided By:* |
| 🞎 Doctor | *Details:-* |
| 🞎 Hospital | *Details:-* |
| Is this a lost time injury?  |
| Is a Workers Compensation Claim being made? |

|  |
| --- |
| **Part C – ACKNOWLEDGMENT OF INJURY / DATE OF ENTRY** |
| Employee  | Signature | Date |
| Employer/Warden  | Signature | Date |

|  |
| --- |
| **Part D – ACCIDENT / INCIDENT INVESTIGATION** (to be completed for all reported incidents) |
| **Contributing Factors to Consider** |
| **Person**  | **Y** | **N** | **NA** | **Environment**  | **Y** | **N** | **NA** |
| Aware of the hazard  |  |  |  | Adequate temperature conditions  |  |  |  |
| Suitable for the task |  |  |  | Adequate lighting  |  |  |  |
| Experienced at the task |  |  |  | Adequate working space  |  |  |  |
| Familiar with the work area |  |  |  | Clear floor and walkways |  |  |  |
| Inducted to the site / task |  |  |  | Adequate housekeeping |  |  |  |
| Using appropriate PPE |  |  |  | Safe noise level |  |  |  |
|  **Job/Task**  | **Y** | **N** | **NA** |  **Equipment** | **Y** | **N** | **NA** |
| Was training provided  |  |  |  |  Correct equipment used |  |  |  |
|  Supervision provided |  |  |  |  Equipment in correct location |  |  |  |
|  Job Analysis performed |  |  |  |  Equipment guarded |  |  |  |
|  Work procedures available |  |  |  |  Preventative maintenance complete |  |  |  |
|  Task not modified / changed |  |  |  |  Equipment working properly |  |  |  |
|  PPE provided |  |  |  |  Equipment had not been modified |  |  |  |
| **Other contributing factors?** |
|  |

|  |
| --- |
| **Part E – RECOMMENDATIONS**  |
| Please suggest possible solutions how to prevent a recurrence: |
|  |
| **Can the risk be eliminated?** (circle Y or N) | **Y** | **N** |
| Why or How: |
| **Can equipment or materials be substituted?** (circle Y or N) | **Y** | **N** |
| Why or How: |

|  |
| --- |
| **PART F - ACTION PLAN** |
| **Recommended Actions** | **Implementation Date** | **Responsibility** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Part G – COMPLETION / SIGNATURES** |
| Employee  | Signature | Date |
| Employer/Warden  | Signature | Date |