|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 **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? | | | |

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

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| **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?** | | | | | | | |
|  | | | | | | | |

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| **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: | | |

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| **PART F - ACTION PLAN** | | |
| **Recommended Actions** | **Implementation Date** | **Responsibility** |
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| **Part G – COMPLETION / SIGNATURES** | | |
| Employee | Signature | Date |
| Employer/Warden | Signature | Date |