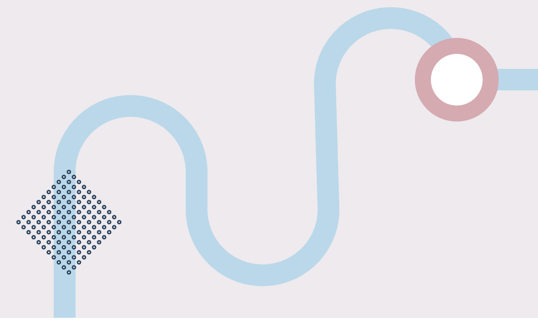
Accident / Incident Investigation Report Form



You can fill this out on a screen using Adobe Reader Download Here or by printing.

PART 1	To be completed by the centre addendant

Form Completed by (Centre Attendant)	
Job Title	
Line Manager	

01 Person Involved in the accident / incident / dangerous occurrence

Affected Person	
Parent/Guardian (If the affected person is a minor)	
Contact Details	
Company / Organisation / Group	

Is the affected person	Tick	What was the reason for being on site?
Employee?	☐	
Contractor?	☐	
Centre User?	☐	
Member of Public?	☐	
Other	☐	

02 The Incident Details

Community Centre	
Exact Location (within the centre)	
Date of Incident	
Time of Incident	
Date Reported	
Witness(es) Names (if any)	
Witness contact number	

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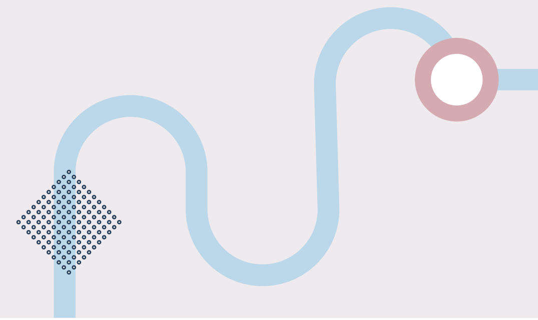

03 Describe the Incident (including events leading up to the incident)

(Use additional sheets if necessary)

Photos taken of the scene (where appropriate)? (Email to Centre Manager)	☐ Yes	☐ No

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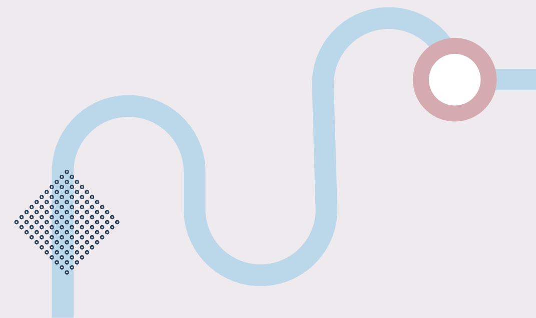

04 Injury

Date the insident result in injury	☐ Yes	☐ No
Date injury was detected (if different from incident date)		
Did the affected person cease work / activity?	☐ Yes	☐ No
Was First Aid administered (yes/no)	☐ Yes	☐ No
Date		
If no, was First Aid offered?	☐ Yes	☐ No
Name of First Aider		
Was the injured person (s) taken to hospital?	☐ Yes	☐ No
Location		
Date		
Was an ambulance required / called?	☐ Yes	☐ No
Was a recommendation made to take the injured person(s) to hospital or another medical facility?	☐ Yes	☐ No
Name of doctor if known		

Injury Type / Symptoms (Where applicable)

☐	Minor cut / graze	☐	Loss of consciousness
☐	Open cut / laceration	☐	Nausea
☐	Bruising	☐	Vomiting
☐	Swelling	☐	Headache
☐	Open fracture	☐	Abdominal pain
☐	Burn	☐	Fever
☐	Scald	☐	Chest pain
☐	Chemical burn	☐	Difficulty breathing
☐	Other (specify)	☐	Other (specify)

Injured body part (tick as appropriate)

☐ Head	☐ Arm	☐ Shoulder
☐ Face	☐ Hand	☐ Chest
☐ Eye	☐ Elbow	☐ Abdomen
☐ Ear	☐ Wrist	☐ Ankle
☐ Neck	☐ Finger	☐ Hip
☐ Back	☐ Leg	☐ Knee
☐ Other	☐ Specify	

Where applicable
☐ Right
☐ Left
☐ Upper
☐ Middle
☐ Lower
☐ Inner
☐ Outer

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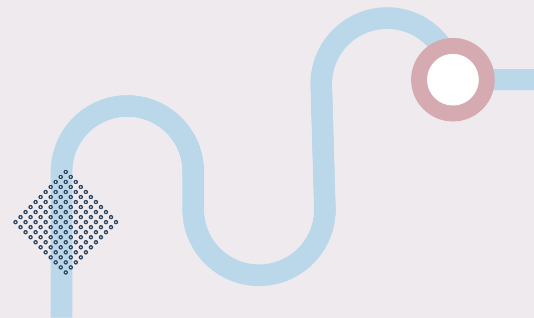

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Description of area/equipment

Briefly describe the condition of the accident / incident area (and associated equipment if applicable) at the time of the incident	
Was the task being performed as part of the persons normal duties / instructions?	
Were specific Personal Protective Equipment (PPE) requirements in place? If so, were these complied with at the time of the accident /incident?	

PART 2 — To be completed by the Centre Manager

Checklist

- ☐ All sections of the form above have been completed comprehensively?
- ☐ Witness Statements have been taken (where applicable) and are attached?
- ☐ Photographs have been taken (where applicable)?and are attached?
- ☐ CCTV Cameras have been reviewed and all relevant footage of the area and surrounding areas has been saved? (Include before, during & after the event)
- ☐ EHS Department have been notified of the incident (within 24 hours)
- ☐ Centre Insurers have been notified?

Note: In the event of a serious workplace accident / incident, it may be necessary to preserve the scene. Contact the EHS Department immediately if you are unsure.

PART 3 — To be completed by the EHS Department

06 Investigation Findings

Completed by the EHS Manager or EHS Advisor. This section outlines the results of the incident investigation, and identifies (where possible) the root cause of the incident.

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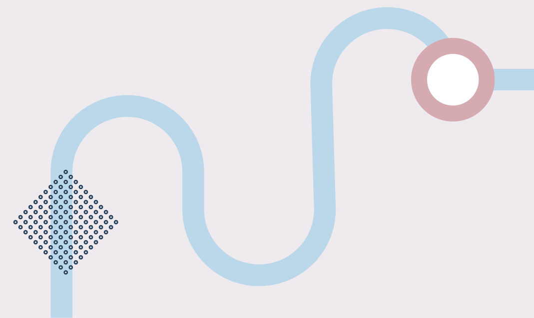

07 Post-Accident / Incident details

Did the employee / affected person cease work / activity?	☐ Yes	☐ No
If yes provide date ceased		
Date Returned (if returned)		
Is the incident reportable to the HSA?	☐ Yes	☐ No
HSA Notified (IR1 Form)	☐ Yes	☐ No
Management Company Insurer(s) notified	☐ Yes	☐ No
Details		

08 Corrective / Preventative Actions

Ref	Corrective Action	Responsibility	Action required by:	Initial / Date on closure
1				
2				
3				
4				
5				
6				

09 Accident / Incident Report Close off

Report form is signed off below once all corrective / preventative actions are satisfactorily addressed.

EHS Manager		Date	

10 Corrective Action Review

This section is completed once all corrective actions have been addressed and their effectiveness has been assessed. Any further actions required should also be noted here

Date of Review	

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