

# Accident / Incident Investigation Report Form



*The purpose of this report is to record the details of the accident/ incident and identify the cause of the accident or dangerous occurrence (near miss) and determine what action is required to prevent a similar occurrence. This form should be completed as soon as possible following the incident once all necessary medical attention has been provided.*

**Part 1 (To be completed by the Centre Attendant)**

Form completed by (Centre Attendant)	
Job Title	
Line Manager	

**1. 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 the Public?		
Other		

**2. 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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### 3. Describe the Incident (including events leading up to the incident)

<p><i>(Use additional Sheets if necessary)</i></p>		
<b>Photos taken of the scene (where appropriate)?</b> (Email to Centre Manager)	Yes	No

### 4. Injury

Did the incident 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)	

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Injured body part (tick as appropriate)

Head		Arm		<b>Where applicable:</b>	
Face		Hand		Right	
Eye		Elbow		Left	
Ear		Wrist		Upper	
Neck		Finger		Middle	
Back		Leg		Lower	
Shoulder		Knee		Inner	
Chest		Hip		Outer	
Abdomen		Ankle			
Other		Specify:			

## 5. 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.

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**Part 3 (To be completed by the EHS Department)**

**6. 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.*

**7. Post-Accident /Incident details**

Did the employee / affected person cease work / activity?				
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:			

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## 8. Corrective / Preventative Actions

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

## 9. Accident / Incident Report Close off

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

<b>EHS Manager</b>		Date	
<b>Centre Manager</b>		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	
Reviewed by	
Notes & Further Actions	
<input type="checkbox"/> Corrective Actions Effective <input type="checkbox"/> Corrective Actions Ineffective <input type="checkbox"/> Further Actions Required	