



## Accident / Incident Investigation Report

Date of Report:    /    /    Time of Report:    :

Date of Incident:    /    /    Time of Incident:    :

To Report: (tick box)     Accident     Incident

Medical or Disease     Environment Damage

Property Damage     Quality

A                      About the Employee	
Surname	
Given Name	
Date of Birth	
Worksite	
Name of Supervisor	

B                      Details of Injury or Disease
Describe injury and body part injured

Estimate Severity of Injury (Tick Box)

Lost time                       No Lost time

Treatment Details

None                               First Aid

Doctor/Ciinic                   Hospital

C                      Details of Incident
Where did this incident occur?

What went wrong?


Name Any Witnesses or any other person involved:


D                      Immediate Action	
Immediate corrective action taken to prevent danger to other employees. Describe Action:	
By Whom:	
Do you think this incident is notifiable under the SA WHS Regulations 2012	
<input type="checkbox"/> Yes	<input type="checkbox"/> No





## Near Miss Report

The purpose of this report is to identify any workplace risks or hazards which may be avoided in the future. Our wish is to minimise the risk of injury or accident to employees. We are assisted if we are able to have information about near miss incidents which could have resulted in accidents.

**Date of Report:**    /    /    **Time of Report:** \_\_\_\_\_    **Date of Incident:**    /    /    **Time of Incident:** \_\_\_\_\_

A Person Filing the Report	
Surname	
Given Name	
Worksite	

B Details of incident	
Describe where and what happened	
What could have been done to prevent it from going wrong?	
What is the cause, if determinable, of the incident?	
What course of action may be taken to prevent a re-occurrence?	
Signed.....	
Date .....	