



# ACCIDENT / INCIDENT REPORT

Ref No.

Date Received:  
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This form is to be used for the reporting of an occurrence that resulted in either:-  
Personal injury and / or illness; or where an unsafe act and / or condition occur but no person sustains injury.

## PART A

### NOTIFICATION

To be completed by a Member on the same day as occurrence

#### MEMBER DETAILS

|          |             |       |
|----------|-------------|-------|
| Surname: | First Name: | M / F |
| Address: |             |       |

#### REPORTING DETAILS

|                                  |   |
|----------------------------------|---|
| Date of Accident / Incident:     | Time of Accident / Incident:  |
| Location of Accident / Incident: |   |
| Classification:                  | <input type="checkbox"/> Accident <input type="checkbox"/> Incident |
| Reported to: _____               | Committee member  |
| Witnesses: (if any)              |   |
| Name:                            | Contact Number:   |

#### INJURY DETAILS (If applicable)

|   |
|---|
| Nature of Injury / Illness:   |
| Body Location:  |
| Action Taken: <input type="checkbox"/> None <input type="checkbox"/> First Aid Officer <input type="checkbox"/> Sent to Clinic/Hospital |

#### DESCRIPTION OF ACCIDENT / INCIDENT

Include a description of work, job or task being performed at the time and any other factors that may need to be considered. (Please attach separate page if additional space required.)

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|--------------------------------|-------|-------|
| Signature of Reporting Member: | Date: | Time: |
|--------------------------------|-------|-------|

**NOTE: WHEN ALL SECTIONS ON THIS PAGE ARE COMPLETE,  
ONFORWARD ORIGINAL (PART A & B INTACT) TO THE SECRETARY.**

# PART B

## INVESTIGATION & CORRECTIVE ACTION

To be completed by the EXECUTIVE.

**Contributing Factors (Identify cause of accident/incident, list unsafe act or conditions)**

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**Identify Corrective Action to avoid Reoccurrence - (By Whom and expected completion date)**

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Signed: \_\_\_\_\_  
Secretary / /

Authorized: \_\_\_\_\_  
Chief / /

**Additional comments (if any) by the Committee.**

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Signed: \_\_\_\_\_  
Chief

Date:

**Verify Corrective Action Taken (Provide additional comments/instructions/dates as appropriate)**

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Signed: \_\_\_\_\_  
Secretary

Date: