

# Accident / Incident Report (Part A)

Ref No:

Injured Party Full Name:				Report Date:				Report Time:							
Injured Party's Contact Address:															
Post Code:															
Telephone No:						Job Title:									
Employee Number:			*Employee				*Contractor				*Visitor				
											*Member of the public				
Location:						Address:									
<b>INJURY / FIRST AID INFORMATION &amp; FIRST AIDER DETAILS:- (TO BE COMPLETED BY ATTENDING PERSON)</b>															
Details of Injuries:									Nature of Treatment Given:						
									Treated by: (print name)						
*Resumed Work				*Sent Home				*Advised to see GP/OHN				*Transferred to Hospital			
												which Hospital:			
<b>INJURY CAUSE AND INCIDENT DESCRIPTION:- (TO BE COMPLETED BY MANAGER)</b>															
Date of accident:				Time of accident:				Shift start time:				Normal finish time:			
Exact Location of Incident:								Activity being performed when injured:							
Full Description of Incident:															
(Continue on a separate sheet as required)															
Alleged Cause of Injury:															
(If witnesses are identified during the description of the alleged cause of injury please detail these in the relevant box(s) below)															
Injured Person's signature:									Dated:						
<b>FOR THE EMPLOYEE ONLY</b>															
By ticking this box I give my consent to my employer to disclose my personal information and details of the accident which appear on this form to safety representatives and representatives of employee safety for them to carry out health and safety functions given to them by law <input type="checkbox"/>															
Signature								Date							
Number of Witness(es):						Statement(s) to be attached			Name:						
Name:									Name:						

\*Tick as appropriate