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SafetyCulture



Title Page

Document No.

Audit Title

Client / Site

Conducted on

Prepared by

Location

Personnel

Name of organisation

---

Branch/department

---

Particulars of Accident

Date of accident



Time



Location



Date Reported



The Injured Person

Name

Address



Date of birth



Phone number

Length of employment - at plant

On job

Type of injury

- ☐ Bruising
- ☐ Dislocation
- ☐ Strain/sprain
- ☐ Scratch/abrasion
- ☐ Internal
- ☐ Fracture
- ☐ Amputatio

Specify injured part of body

Comments

Damaged Property

Property or material damaged:

Attach media (if applicable)



Nature of damage:

Attach media (if applicable)



Object/substance causing damage:

Attach media (if applicable)



## The Accident

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Describe what happened

---

Drawing of the accident scene (For vehicle accidents / where appropriate)



What caused the accident?

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How serious could it have been?

☐ Minor    ☐ Serious    ☐ Very serious

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How often is this likely to happen again?

☐ Never    ☐ Rarely    ☐ Occasionally    ☐ Often

---

What action has or will be taken to stop another accident like this happening?

Action

Description

---

Completed?

☐ Yes    ☐ No    ☐ N/A

---

By whom

---

When



Treatment and Investigation of Accident

Type of treatment given

Name of person giving first aid

Doctor/Hospital

Accident investigated by

Signature



Date



WorkSafe advised?

☐ Yes

☐ No

☐ N/A

Select date



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