

Production Accident Investigation Report

Production:	
Registered Address:	

Production Accident Investigation Report Form			
Name of HoD / Supervisor:		Department:	

Name of Reporting Person:		Occupation:	
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Name of injured person:		Date Reported:	
Date of Injury:		Time of Injury:	
Location where injury/ incident took place			
What was the injured person doing at the time of the injury/ incident			

Medical report Form

Is there a Medical report form		Form serial number	
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What is an injury? An injury is damage to your body. It is a general term that refers to harm caused by accidents, falls, hits, weapons and more. Wounds are injuries that break the skin or other body tissues. They include cuts, scrapes, scratches and punctured skin.

Description of the Hazard

The hazard was

Type of Hazard

Unsafe Act		Unsafe Condition		Unsafe Equipment		Unsafe use of Equipment	
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The HoD or Supervisor should complete this section

Review

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Corrective Action Taken (remover the hazard, repair, replace, or retrain in the correct procedures for the task)	Yes/ No
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Supporting images
<i>Fig 1: 'Image Description'</i>

Statements	
Name:	Position:
Statement method:	Date and Time:
Taken by:	

Conclusion/ Recommendations	

HoD / Supervisor:	Date:	Phone:
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Annexes	
Annex 1:	
Annex 2:	

Enclosures:

- 1.