



Incident / Accident Investigation and Injury Record

HS5(A)

Department/Division _____ Premises/Site _____

Section A - To be completed by individual involved or nominated person

1. Name and Home Address Staff No: Work Tel: Home Tel:		2. Age	3. Male	
		4. Occupation or Status:		
		5. Section or Work Area:		
6. Date and time of occurrence:		7. Date and time reporting:		
Date	Time	Date	Time	
8. Description of incident/accident:				
9. Exact location of incident/accident:		10. Name and address of any witnesses:		
11. Injury details (if any) - please be specific		12. Details of First Aid administered and by whom:		
13. If fall from height state distance:		14. To whom reported:		
15. Signature of Injured (or nominated) person:		16. Name of person recording details:		

