**FORM 5.0 – INTERNAL ACCIDENT/INCIDENT INVESTIGATION FORM**

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| **INTERNAL ACCIDENT / INCIDENT INVESTIGATION FORM** |
| **PART A – DETAILS OF INJURED PERSON** |
| **NAME** |  | **PHONE** |  |
| **ADDRESS** | **EMAIL** |  |
| **PPS NUMBER** |  |
| **DATE OF BIRTH** |  |
| **AGE** |  |
| **POSITION** |  |
| **SAFE PASS NUMBER & EXPIRY DATE** |  | **CSCS DETAILS** |  |
| **EMPLOYMENT TYPE** | **FULL TIME** | **PART TIME** | **OTHER** |
| **OCCUPATION** | **EMPLOYEE** | **CONTRACTOR** | **MEMBER OF THE PUBLIC** | **OTHER** |
| **OUTCOME** | **INJURY** | **NEAR MISS** | **FATALITY** | **OTHER** |
| **PART B – DETAILS OF INJURY & TREATMENT** |
| **TYPE OF INJURY (E.G. BURN, CUT, SPRAIN)** |  |
| **CAUSE OF INJURY (E.G. FALL, MACHINE)** |  |
| **PART OF BODY INJURED**  |  |
| **AGENT (E.G. POOR LIGHT)** |  |
| **FIRST AID** | YES | NO | **FIRST AIDER** |  |
| **TREATED BY DOCTOR?** | **DOCTOR’S NAME** |  | **ADDRESS** |  |
| **HOSPITALISED?** | **HOSPITAL NAME** |  | **ADDRESS** |  |
| TREATMENT RECEIVED? |
| **PART C – DETAILS OF ACCIDENT OR INCIDENT** |
| **DATE** |  | **TIME** |  |
| **LOCATION** |
| **DESCRIPTION OF ACCIDENT / INCIDENT** |
| **OTHER INFORMATION AVAILABLE?** | **WITNESS** | **CCTV** | **PHOTO/VIDEO** | **OTHER****E.G. PHYSICAL EVIDENCE** |
| **PART D – WITNESS DETAILS (WHO WITNESSED THE ACCIDENT/INCIDENT?)** |
| **NAME** |  | **PHONE** |  |
| **ADDRESS** | **EMAIL** |  |
| **PPS NUMBER** |  |
| **DATE OF BIRTH** |  |
| **AGE** |  |
| **POSITION** |  |
| **SAFE PASS NUMBER & EXPIRY DATE** |  | **CSCS DETAILS** |  |
| **WITNESS STATEMENT TAKEN?** | **YES** | **NO** |
| **PART E – KEY FINDINGS OF INVESTIGATION** |
| 1.2.3. |
| **PART F – ACTIONS TO PREVENT REOCCURRENCE** |
| **ACTION** | **BY WHOM** | **DATE** |
|  |  |  |
| **PART G – ITEMS ATTACHED** |
| **SKETCHES** | **CERTIFICATION OF PLANT, ETC.** | **PHOTOGRAPHS/VIDEO** | **RISK ASSESSMENTS** | **TRAINING RECORDS** |
| **YES NO** | **YES NO** | **YES NO** | **YES NO** | **YES NO** |
| **DETAIL OTHER ITEMS / USEFUL INFORMATION** |
| **PART H – OTHER INFORMATION** |
| **ACCIDENT INVESTIGATED BY** |  | **POSITION** |  |
| **PHONE** |  | **EMAIL** |  |
| **SIGNED** |  | **DATE** |  |