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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | |  | | | | | | |