



Accident / Incident Report

This report will assist in preventing future incidents. Please report both incidents that resulted in harm and those that **could** have resulted in an accident.

Staff Name: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

What Happened?

Who was involved?

Action Taken:
 (Dr's appt/hospital etc)

Name and address of
 Any witness/es:

How do you think it
 could be prevented
 from happening again? _____

REPORT TO BE SUBMITTED TO OFFICE ASAP

Signature: _____ Date reported to office: _____

Reported to Office
 Outcome Actioned: _____
 Details entered in Accident Register Y / N

Signature: _____ Date: _____

Version Control	Current	Previous	Prior	Initial
Admin - Health, Safety and Incident Report OHS Doc 1	3/8/06	14/9/05		8/5/05