

# ACCIDENT INVESTIGATION FORM

PARTICULARS OF ACCIDENT			
Date:	Time:	Location:	Date reported:
DETAILS OF INJURED PERSON			
Name:	Age:	Date of accident:	Contact number:
Parent/Guardian Name	Address:		Contact Number
Type of injury:			
Injured part of body:			
DAMAGED PROPERTY			
Property damaged:			
Nature of damage:			
THE ACCIDENT/NEAR MISS			
Describe what happened:			
WHAT WERE THE CAUSES OF THE ACCIDENT?			
How severe do you consider the accident?			
1	Insignificant	2. Minor	3. Moderate
4. Significant	5. Serious		
What is the chance of it happening again? (Circle)			
1. Rare	2. Unlikely	3. Possible	4. Likely
5. Almost certain			
What controls have been put in place to prevent it occurring again in future?			
ANY SIGNIFICANT OR SERIOUS ACCIDENT OR INJURY MUST BE REPORTED TO THE SAFETY REP ASAP			
TREATMENT AND INVESTIGATION OF ACCIDENT			
Type of treatment given:	Name of first aider:		Doctor/hospital:
Accident investigated by:	Date:	OSH Advised?	Date



## WAKATERE BOATING CLUB

www.wakaterere.org.nz