

CARRUS**Incident/Accident and Injury Investigation Form**

Details of incident/accident			
Date of incident/ accident		Time of incident/accident	
Location		Date reported	
Details of injured person			
No Injury Occurred <input type="checkbox"/>	Employee <input type="checkbox"/>	Contractor <input type="checkbox"/>	Visitor <input type="checkbox"/>
Name		Age	
Address		Home Phone	
		Mobile Phone	
Position		Employed from	
Description of injury			
Treatment given	First Aid <input type="checkbox"/>	Doctor <input type="checkbox"/>	Hospital <input type="checkbox"/>
Details of treatment			
Ongoing injury management			
<input type="checkbox"/> Place off work from _____ to _____			
<input type="checkbox"/> Light duties and / or reduced hours, from _____ to _____			
<input type="checkbox"/> Normal duties			
Damaged property			
What property or equipment was damaged?			
Describe the nature of the damage			
What object or substance caused the damage?			
The incident/accident			
Description: describe what happened, before, during and after the accident <i>(use space overleaf for diagram – essential for all vehicle accidents)</i>			

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Analysis (what were the causes of the incident/accident? Has it ever happened before?)			
What were the underlying causes of the incident/accident? <i>(lack of training, skills, procedures, equipment, PPE, etc)</i>			
How bad could it have been? Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Minor <input type="checkbox"/>			
What are the chances of it happening again? Often <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/>			
Incident/Accident prevention			
What action has or will be taken to prevent a recurrence?	By Whom	When	Date Completed
Has the hazard been added to the hazard register? YES <input type="checkbox"/> NO <input type="checkbox"/> (to be completed by HSO)			
Has OSH been notified? YES <input type="checkbox"/> NO <input type="checkbox"/> Date notified			
Contact person at OSH			
Incident/Accident investigation details			
Incident/Accident investigated by			
Date of investigation		Review date	
Other details			
Report sent to	Manager <input type="checkbox"/>		HSO <input type="checkbox"/>
Ongoing notes / Follow up			

Completed by: _____

Date: _____

Management/Employee: _____

Date: _____