



Accident/Incident Investigation and Reporting Form

To be completed by the Team Leader and sent to the Chairman within 5 working days of the date of occurrence.

Serious Accidents are to be reported immediately to the Chairman.

Date of Accident/Incident : _____ Time: _____

Place of Accident/Incident: _____

Name of injured person(s) (if any): _____

1. What happened?

2. Were any other person(s) involved in, or witness to, the accident? If so who?

3. Contact details for any witnesses:

4. Did any emergency services attend?

Name: _____

Signature: _____

Date: _____