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SITE SAFETY POLICY – APPENDIX 1
ACCIDENT AND DANGEROUS OCCURRENCE REPORT

Appendix A.

ORIGINAL POINT

SITE/DEPOT/OFFICE:
NAME
FULL POSTAL ADDRESS
PERSON RESPONSIBLE FOR SITE WORKS
TEL NO

EXACT LOCATION OF INCIDENT

INCIDENT DETAILS

DATE
TIME
REPORTING DATE/TIME IF DIFFERENT
NORMAL WORKING HOURS TO
WEATHER CONDITIONS
SEQUENCE OF EVENTS
STATE NO ADDITIONAL SHEETS SHOWING SKETCHES
WERE PHOTOGRAPHS TAKEN
BY WHOM

WITNESS

NAME
ADDRESS
OCCUPATION

THE INJURED PERSON

SURNAME
FIRST NAME
DATE OF BIRTH
OCCUPATION
FULL POSTAL ADDRESS
HOME TEL NO
STATUS: EMPLOYEE PERSON NO
SELF EMPLOYED
SUB-CONTRACTOR
PUBLIC/VISITOR

DATE INDUCTED INDUCTION NO

INJURY SUSTAINED

STATE LEFT/RIGHT

TREATMENT

NAME OF TRAINED FIRST AIDER
TREATMENT GIVEN/REFUSED
HOSPITAL ATTENDED/REFUSED
OVER 24 HOURS STAY? YES/NO
CIRCLE TIME LOST (EXCLUDING DAY OF INCIDENT)
IF STILL OFF WORK WHEN FORM COMPLETED, PLACE ARROW UNDER DAY E.G. TH

PPE

STATE EACH ITEM BEING WORN AT TIME OF INCIDENT

NOTE IN SIGNING THIS REPORT YOU CONFIRM THAT THE INCIDENT HAS BEEN FULLY INVESTIGATED AND APPROPRIATE CORRECTIVE ACTION TAKEN

PRINT NAME
SIGNATURE