

# HSE Incident or Accident Investigation



<b>Name of organisation:</b>			
<b>PARTICULARS OF ACCIDENT</b>			
Date of accident	Time	Location	Date reported
M T W T F S S			

<b>THE INJURED PERSON</b>				
Name		Address		
Age	Phone number			
Date of accident		Length of employment — at plant		on job
<b>TYPE OF INJURY:</b>	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Other (specify)	Injured part of body
<input type="checkbox"/> Strain/sprain	<input type="checkbox"/> Scratch/abrasion	<input type="checkbox"/> Internal		
<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign body	Remarks	
<input type="checkbox"/> Laceration/cut	<input type="checkbox"/> Burn scald	<input type="checkbox"/> Chemical reaction		

<b>DAMAGED PROPERTY</b>	
Property/ material damaged	Nature of damage
	Object/substance inflicting damage

<b>THE ACCIDENT</b>			
<b>Description</b>			
Describe what happened (space overleaf for diagram)			
<b>Analysis</b>			
What were the causes of the accident?			
HOW BAD COULD IT HAVE BEEN?		WHAT IS THE CHANCE OF IT HAPPENING AGAIN?	
<input type="checkbox"/> Very serious	<input type="checkbox"/> Serious	<input type="checkbox"/> Minor	<input type="checkbox"/> Minor
			<input type="checkbox"/> Occasional
			<input type="checkbox"/> Rare
<b>Prevention</b>			
What action has or will be taken to prevent a recurrence? Tick items already actioned			By whom
Use space overleaf if required			When

<b>TREATMENT AND INVESTIGATION OF ACCIDENT</b>			
Type of treatment given	Name of person giving first aid	Doctor/Hospital	
Accident investigated by	Date	CAA HSE advised YES / NO	Date

**Does this occurrence require you to notify the CAA under Part 12? If so, have you sent in a CA005 form?**