



Accident or Incident Record Form (Based on HSA sample form)

[https://www.hsa.ie/eng/Education/Managing Safety and Health in Schools/Interactive Risk Assessments
%E2%80%93_Primary/Tool-5-Accident-or-Incident-Record-Form-1.pdf](https://www.hsa.ie/eng/Education/Managing_Safety_and_Health_in_Schools/Interactive_Risk_Assessments_%E2%80%93_Primary/Tool-5-Accident-or-Incident-Record-Form-1.pdf)

INJURED PARTY DETAILS:

Surname: _____ First name(s): _____

Address(Home/Company):

DOB: _____ Gender: _____

Status (please tick appropriate box)

Client Volunteer Visitor Contractor Other (Please specify):

Date of accident/incident: _____

Date accident reported to CSBS chairperson/ management _____

Where appropriate more than one box can be ticked.

TYPE OF ACCIDENT

Tick

- Injured/damaged by a person
- Struck by/contact with
- Caught in/under
- Slip/trip/fall
- Sharps
- Road Traffic Accident/Crash
- Exposure to substances/environments
- Manual handling
- Property damage

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MAIN AGENT WHICH CAUSED ACCIDENT:

TYPE OF INJURY

Tick

- Fatality
- Bruise
- Concussion
- Internal injury
- Abrasion, graze
- Fracture
- Sprain
- Torn ligaments
- Burns
- Scalds
- Frostbite
- Injuryu not ascertained
- Trauma
- Occupational disease
- Other (Please specify)

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PART OF BODY INJURED

Tick

- Head (except eyes)
- Eyes
- Face
- Neck, back, spine
- Chest, abdomen
- Shoulder
- Upper arm
- Elbow
- Lower arm, wrist
- Hand
- Finger (one or more)
- Hip joint, thigh, kneecap
- Knee joint
- Lower leg
- Ankle
- Foot
- Toe (one or more)
- Multiple injuries
- Trauma, shock
- Other(Please specify)

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Consequences

- Fatal
- Non-fatal

Result

- Sick Leave
- Excused
- Light Duty
- Medicine

Have you informed your insurance company?

Yes

No

Not applicable

DETAILED DESCRIPTION OF ACCIDENT/INCIDENT

Give a full description of:

- the work/activity being carried out when the accident occurred;
- the equipment in use (if any).

Detail how the accident occurred.

Attach:

(A) Injured party's report.

(B) Witness list (level of detail required will vary depending on the severity of the accident).

(C) Witness statements (level of detail required will vary depending on the severity of the accident).

(D) Sketch or photograph of the scene, equipment etc. where appropriate.

Investigating member of CSBS personnel _____

NAME: (Use Capital Letters) _____

SIGNATURE _____

DATE: _____