

ACCIDENT/INCIDENT INVESTIGATION FORM (Form 3.2)

Form 3.2 Accident or Near Miss Investigation Form Version 1.0 January 30th 2020 - Langton Hotel Ltd.

Langton Hotel Ltd.	ACCIDENT/INCIDENT INVESTIGATION REPORT NUMBER:		Page 1 of 5
Details of injured person:	Name:	Occupation:	Incident Number:
Department:	Supervisor:		Incident date:
Permanent Langton Employee <input type="checkbox"/> Temporary Langton Employee <input type="checkbox"/> Customer/Visitor <input type="checkbox"/> Contractor <input type="checkbox"/>			
Date of Accident:		Time of Accident:	
Date of Investigation:		Time of Investigation:	
Name of the Person completing this form:			DATE:
Position:			
Accident Location:			
Activity Involved:			
Outline the nature of Accident, Injury or Near Miss:			
Witnesses to the Circumstances:			
NAMES OF WITNESSES		CONTACT DETAILS	STATEMENT GIVEN:
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Circumstances of the Accident or Near Miss			
Machinery or Equipment Involved:			
If Machinery or Equipment was involved please give relevant details:			
Indicate the checks carried out on the machinery/equipment:			
PPE			
Was the accident victim wearing correct PPE for the task undertaken			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If "No" Please elaborate:			
What checks were carried out on PPE:			

ACCIDENT/INCIDENT INVESTIGATION FORM (Form 3.2)

Form 3.2 Accident or Near Miss Investigation Form Version 1.0 January 30th 2020 - Langton Hotel Ltd.

Langton Hotel Ltd.	ACCIDENT/INCIDENT INVESTIGATION REPORT NUMBER:		Page 5 of 5
Details of injured person:	Name:	Occupation:	Incident Number:
Department:		Supervisor:	Incident date:
Personnel/Management Section			
Has the accident/incident been recorded appropriately?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have the HSA been notified of the accident if required?			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have notes been put on file to maintain contact with key witnesses?			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has the insurance company been notified as appropriate?			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is a First Aid Report included in the attachments to this report?			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Notes in relation to any civil claims proceedings:			
Employees absence resulting from the accident / incident:			
Form completed by:			
Name:			
Position:			
Signed:			Date: