Langton Hotel Ltd.	ACCIDENT/INCIDENT INVES	STIGATION	REPORT NUM	BER:	Page 1 of 5
Details of injured person:	Name:	Occupation:			Incident Number:
Department:		Supervisor:			Incident date:
Permanent Lang	ton Employee Temporary Langtor	n Employee 🔲	Customer/Visito	r 🗌 C	Contractor
Date of Accident:		Time of Acci	ident:		
Date of Investigation:		Time of Inve	estigation:		
Name of the Person co	empleting this form:	1		DATE:	
Position:					
Accident Location:					
A attivitus lassalisa als					
Activity Involved:					
Outling the meture of	Accident, Injury or Near Miss:				
Outiline the nature of A	Accident, injury of Near Wiss.				
	Witnesses to the	ne Circumstar	nces.		
	NAMES OF WITNESSES	ic circumstar	CONTACT DE	TAIIS	STATEMENT GIVEN:
	NAMES OF WITHESSES		CONTACT DE	IAILS	Yes No No
					Yes No No
					Yes No No
					Yes No No
					Yes No No
					res 🗌 No 🗌
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 No N/A					
If "No" Please elaborate:					
What checks were car	ried out on PPE:				

Langton Hotel Ltd.	ACCIDENT/INCIDENT INVEST	TIGATION REPORT NUMBER:	Page 2 of 5	
Details of injured person:	Name:	Occupation:	Incident Number:	
Department:		Supervisor:	Incident date:	
Circumstances of the Accident or Near Miss (cont.)				
	Proc	edures		
Was there an establish	ed procedure for the work		Yes No No	
If "Yes" please give det	ails of compliance or non-compliar	nce with the procedure:		
		cumstances		
Please elaborate on ot	her circumstances you have noted	which may be relevant to this investiga	tion:	
	General Conditions	of the Accident Scene		
General Conditions of the Accident Scene: Details of any conditions at the incident scene, which may be relevant, e.g., Lighting, floors, stone, ramps, fluids etc.				
Details of any conditions at the incident scene, which may be relevant, e.g. Lighting, floors, steps, ramps, fluids etc.				
	Tra	aining		
Was the employee doi	ng work appropriate to their trainir		Yes No No	
Please elaborate if relevant:				

Langton Hotel Ltd.	ACCIDENT/INCIDENT INVEST	IGATION REPORT NUMBER:	Page 3 of 5	
Details of injured person:	Name:	Occupation:	Incident Number:	
Department:		Supervisor:	Incident date:	
	Circumstances of the Acc	cident or Near Miss (cont.)		
	Attachments	to the Report		
Please list and describ		awings, photographs, statements, notes	s, measurements etc.	
-				
Briefly describe any m	edical attention or First Aid given at	the time of the incident:		
•				
Please State What other investigation is required to complete the review of this accident/incident:				
<u> </u>				

Langton Hotel Ltd.	ACCIDENT/INCIDENT INVESTIGATION REPORT NUMBER: Page 4 of 5		
Details of injured person:	Name:	Occupation:	Incident Number:
Department:		Supervisor:	Incident date:
	Report of	f Findings	
	Neport o	i i iliuliigs	
Detail the circur	nstances of the accident/incident ba	sed on the evidence gathered and wi	tness accounts:

Langton Hotel Ltd.	ACCIDENT/INCIDENT INVEST	IGATION REPORT NUMBER:	Page 5 of 5	
Details of injured person:	Name:	Occupation:	Incident Number:	
Department:		Supervisor:	Incident date:	
	Personnel/Man	agement Section		
Has the accident/incid	ent been recorded appropriately?		Yes No No	
Have the HSA been no	tified of the accident if required?		Yes No N/A	
Have notes been put on file to maintain contact with key witnesses?			Yes No N/A	
Has the insurance com	npany been notified as appropriate?		Yes No N/A	
Is a First Aid Report in	cluded in the attachments to this rep	port?	Yes No N/A	
Notes in relation to a	any civil claims proceedings:			
Employees absence	resulting from the accident / incident	dent:		
Dotails of any modis	al reports appended to this file:			
Details of any medical reports appended to this file:				
Form completed by:				
Name:				
Position:				
Signed:			Date:	