ACCIDENT/INCIDENT REPORT FORM (Form 3.1)

Langton Hotel Ltd.	ACCIDENT/INCIDENT REPORT	FAR* No:	AR No:	Page 1 of 2

Injured person:	Name:	Occupation:	Date:
Department:		Supervisor:	Time:
Permanent Langton Employee ☐	Temporary Langton Employee ☐	Customer/Visitor ☐	Contractor ☐

Name of the Person completing this form:	Position:
Date of Accident:	Time of Accident:
State the hours injured the person was expected to work on the day of the accident:	
Start Time:	Normal Finish Time:

Accident Location:
If accident did not occur at Langton House Hotel state location:
Activity Involved:
Full description of Accident, Injury or Near Miss: (See FAR* No:)
Technical details of items involved in accident (weights, heights, distances etc.):
If employee or contractor, what work was the injured person doing when the accident happened:

Is this work part of the persons' normal duties?	Yes ☐	No ☐
Did the accident happen during safe undertaking of such duties as per Langton Hotel Ltd. policy	Yes ☐	No ☐
If "No" please explain:		
Was PPE required?	Yes ☐	No ☐
What PPE was required:		
Was person wearing correct PPE for the duty being performed?	Yes ☐	No ☐
If "No" why not:		
Please describe condition of machinery, tools and equipment involved		
Please describe environmental conditions prior to the accident occurring:		

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Injured person:	Name:	Occupation:		Date:
Department:		Supervisor:		Time:

State the full extent and nature of injuries sustained, which parts of the body, Left/Right etc.

Was the injured person treated on-site Yes ☐ No ☐

If "Yes" who administered treatment:

Did the injured person continue to work after the incident? Yes ☐ No ☐

If "Yes" until what time and what duties were performed:

If "No" when is the injured person expected to return to work?

If taken to Doctor, state which Doctor:

If taken to hospital, name of hospital: Admitted ☐ Released ☐

Name of the person who took the injured person to Doctor/Hospital/Home:

To whom was the accident reported at Langtons?

When was it first reported?

Names and details (employee/contractor visitor) of any witnesses to the accident:

NAME OF WITNESSES	STAFF/CONTRACTOR/VISITOR	CONTACT DETAILS	STATEMENT GIVEN:
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐

Signed for Langton Hotels Ltd:	Signed by injured person:
Print name:	Print name:

Corrective Measures

Action taken immediately by supervisor/manager:

Action required by others:

Action Taken:

Corrective Action Complete: Yes ☐ No ☐ By Whom:

Section Supervisor: Name:

Signature: Date: