Accident Report Form

www.shawstruckrepairs.com.au (ABN 12 120 480 828)

Surname/Family Name: ……First Name:……..

Day and Date of incident: ……
Day Date

Time of incident: ……Time Shift Commenced: ……

Usual employment location: ……

Location of incident: ……
Site name or reference number

Exact location of accident:……..
Eg: Near main entrance, storeroom, in car park, behind workshop, etc.

What was the injury or incident?:……..
Give full details eg: Cut on little finger on left hand, slip on wet floor, etc.

How did the incident happen? What were you doing when the incident occurred?
Describe in detail what caused the incident. Attach additional information if necessary.

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What protective equipment was being used or worn at the time of the accident?

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Describe any medical treatment or follow up action required after the incident.

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Was anyone else involved in the incident? If yes, please provide details.

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Consequence of incident:

Injury	Person Affected	Property Damage (Estimation only required)
☐ Fatality ☐ Lost Time (not available for normal work the day after an injury) ☐ Medical Treatment ☐ First Aid ☐ No injury	☐ Customer ☐ Employee ☐ Contractor	☐ Building: $ …… ☐ Tools: $ …… ☐ Plant: $ …… ☐ Other: $ ……