FORM A ACCIDENT REPORT

FOR HEALTH SERVICES USE ONLY							
RECEIVED ON:				TIME:	EVENT NO.:		
AT 🗆	MP 🗆	INC 🗆	NC 🗆				

1.	IDENTIFICATION OF ACCIDENT VICTIM (EMPLOYEE OR OTHER)	
	Name:	INDICATE SITE(S) OF DAIN OR INVIEW
 	Employee no.:	INDICATE SITE(S) OF PAIN OR INJURY ON THE DRAWING BELOW
▶	Job title:	
	Telephone no. (work):	
	(other):	
	Department:	
	Name(s) of eye witness (if applicable):	
	Nume(s) of eye withess (if applicable).	
		The sull have sull have the
	First aid received None	
	☐ On site following the event	
	☐ Emergency room)
	☐ Other	FRONT BACK
•	Name of person who administered first aid:	
	How many years of experience do you have? Within the institution :	
	·	
•	What is your job status? \Box Full time \Box Part time \Box Casual	
•	How many years have you held this status?	
•	What shift were you working when the accident occurred? $\ \square$ Day	☐ Evening ☐ Night
2.	DESCRIPTION OF THE ACCIDENT	
۰	Date of the event: / / / Time of the eve	nt: 24-HOUR CLOCK
•	Exact location of the accident:	
•	Describe the circumstances surrounding the accident:	
	THE ACCIDENT OCCURRED WHEN	
 	Do you have any suggestions for preventing a similar accident in the futi	ure?
•	Other comments:	
3.	SIGNATURE OF ACCIDENT VICTIM (EMPLOYEE OR OTHER)	
	I have been informed about the accident report procedure and confirm the consistent with the events that occurred.	at the information provided is accurate and
•	Report drafted by: Position:	
	Report date:/	24-HOUR CLOCK
	YEAR MONTH DAY	
	Name of the accident victim's immediate superior:	
•	Signature of accident victim (employee or other):	

FORM B PRELIMINARY ACCIDENT INVESTIGATION

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•	. PRELIMINARY INVESTIGATION REPORT							
,	Name of victim:	Date of event://						
,	Employee no.:	YEAR MONTH DAY						
	· When the accident occurred, what was the							
	employee's job assignment?							
·	, , ,							
	job?							
ľ	Draw a plan of the accident site and indicate exactly where the employee (and other							
	witnesses) was when the accident occurred.	→						
	·							
	2. SEQUENCE OF EVENTS							
> 3	B. FACTORS THAT CONTRIBUTED TO THE ACCIDENT	Г						
	Individual (employee):							
,	Individual (patient or other) (chart no.):							
	Lib and an article							
ľ	· Job assignment:		•••					
,	Equipment - product:							
'	Environment:							
,	· Time:							
ľ	· Work organization:		•••					
	I. RECOMMENDED CORRECTIVE AND/OR PREVENTIVE	TIVE MEASURES						
,	Name of investigator:							
Ι.	Signature of investigator:							
	5. EMPLOYER REPRESENTATIVE	YEAR MONTH DAY						
,	Name of accident victim's immediate superior:	r:						
,	Corrective and/or preventive measures: \square Nor	one See below						
ļ	Signature of immediate superior:	Date: / / /						