AuditDAT

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# Accident / Incident Report Form

Structured incident record: people affected, narrative, witnesses, severity, root cause, and corrective actions.

PROJECT / SITE

EXACT LOCATION

DATE & TIME OF INCIDENT

REPORTED BY (NAME / ROLE)

SUPERVISOR / MANAGER

WEATHER / CONDITIONS

Incident type ◯ Injury ◯ Near miss ◯ Property damage ◯ Environmental ◯ Ill health ◯ Other

Severity (initial) ◯ Minor ◯ Moderate ◯ Major ◯ Critical

## 1. Persons involved

| NAME | ROLE | CONTACT | INJURY / EFFECT | HOSPITAL? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## 2. Description & immediate response

WHAT HAPPENED (SEQUENCE OF EVENTS)

IMMEDIATE ACTIONS TAKEN TO MAKE SAFE / PREVENT FURTHER HARM

WITNESSES

| NAME | CONTACT | STATEMENT SUMMARY |
|---|---|---|
| | | |
| | | |

Authorities / client notified (if required) ◯ Yes ◯ No ◯ N/A

NOTIFICATION DETAILS / REFERENCE

## 3. Causes & actions

ROOT CAUSE ANALYSIS

CORRECTIVE & PREVENTIVE ACTIONS

| ACTION REQUIRED | OWNER | TARGET DATE | STATUS |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

RIDDOR / statutory reportable? ◯ Yes ◯ No ◯ To be confirmed

## Sign-off

REPORTED BY SIGNATURE / DATE

SUPERVISOR / MANAGER SIGNATURE / DATE

HSE REVIEW SIGNATURE / DATE