



A) Details of the Student/Employee

1.	Name	:	
2.	Roll Number / EC. No.	:	
3.	Details of Supervisor/Reporting Officer, if any	:	

B) Details of Accident

1.	Place of Incident	:	
2.	Date of Incident	:	Time of Incident :
3.	Incident Reported Date	:	
4.	Have you taken First-Aid	:	
6.	If Yes, Details of First Aider	:	

C) Nature and extend of Injury

Part of body injured	<input type="checkbox"/> Head	<input type="checkbox"/> Trunk	<input type="checkbox"/> Multiple
	<input type="checkbox"/> Eyes	<input type="checkbox"/> Arm	<input type="checkbox"/> General
	<input type="checkbox"/> Neck	<input type="checkbox"/> Leg	<input type="checkbox"/> Unspecified
Nature of injury	<input type="checkbox"/> Sprain	<input type="checkbox"/> Laceration	<input type="checkbox"/> Burn
	<input type="checkbox"/> Fracture	<input type="checkbox"/> Concussion	<input type="checkbox"/> Superficial
	<input type="checkbox"/> Multiple	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Amputation
	<input type="checkbox"/> Contusion	<input type="checkbox"/> Other	
Type of incident	<input type="checkbox"/> Flying object	<input type="checkbox"/> Manual handling	<input type="checkbox"/> Electricity
	<input type="checkbox"/> Struck by	<input type="checkbox"/> Poisons	<input type="checkbox"/> Fall
	<input type="checkbox"/> Caught in	<input type="checkbox"/> Temperature	<input type="checkbox"/> Other
Describe the events leading up to the injury and how the injury occurred (witness or injured person's statement).			

Accident Investigation – Investigator’s Report

Details of the Witness			
How did the accident happen			
What caused the accidents	<input type="checkbox"/> Ineffective guarding	<input type="checkbox"/> Lack of protective equipment	<input type="checkbox"/> Lack of training
	<input type="checkbox"/> Lack of maintenance	<input type="checkbox"/> Safety rules not followed	<input type="checkbox"/> inexperience
	<input type="checkbox"/> Unsafe work methods	<input type="checkbox"/> Misconduct	<input type="checkbox"/> Workplace design (equipment, design, layout)
	<input type="checkbox"/> Weather	<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Language difficulties
How can a recurrence be prevented?			

Date of Investigation :

Name and Signature of the Investigator