



Accident Report Form

HS-RF#AR1 © Z-Tech Control Systems Ltd

Site/Location: Date: / / Q No:

Name of injured person:

Address (if not an employee):

Phone:

Reported by (if different):

INJURY DETAILS if applicable

Date and time of incident: / / :

Exact Location:

Nature of injury:

Did the person receive first aid? Y | N If Yes by Whom:

If Yes Details of treatment given:

After the injury did the person: Return to work Go home Go to Hospital

Has the Z-Tech accident book been completed? Y | N

INCIDENT DETAILS

Describe the accident. Who was involved? What happened? Use additional paper for sketches if needed.

WHAT CAN BE DONE TO PREVENT A RE-OCCURANCE?

PERSONAL PROTECTIVE EQUIPMENT (WORN) please tick

Helmet Eye Protection Ear Defenders Mask Overalls Gloves Hi Vis

Protective Footwear Other (specify)

WITNESS DETAILS if applicable

Name: Phone:

Address (if not an employee):