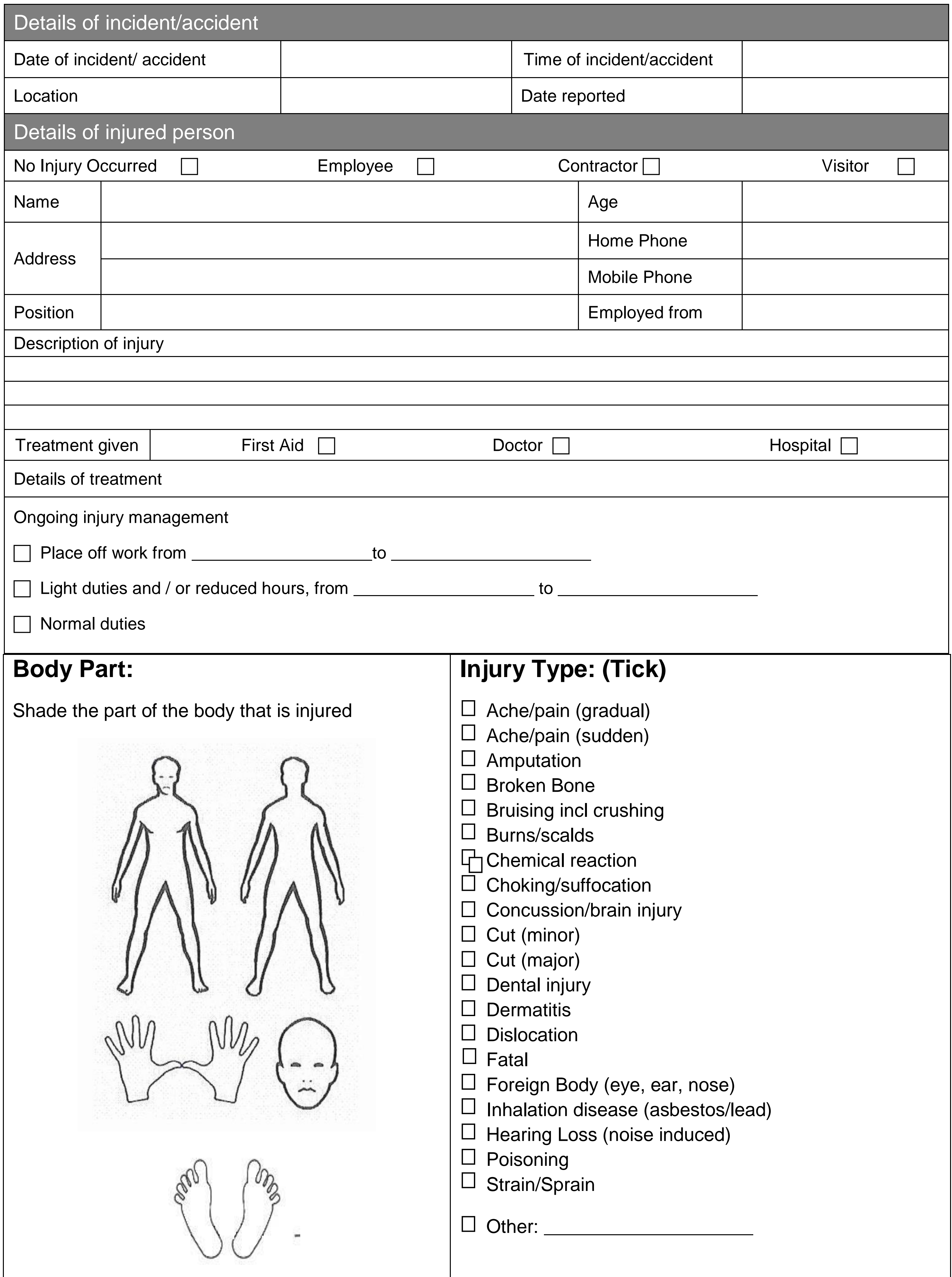
CARRUS Incident/Accident and Injury Investigation Form



Details of incident/accident			
Date of incident/ accident		Time of incident/accident	
Location		Date reported	

Details of injured person			
No Injury Occurred ☐	Employee ☐	Contractor ☐	Visitor ☐

Name		Age	
Address		Home Phone	
		Mobile Phone	
Position		Employed from	

Description of injury

Treatment given	First Aid ☐	Doctor ☐	Hospital ☐

Details of treatment

Ongoing injury management

☐ Place off work from ____________________to ______________________

☐ Light duties and / or reduced hours, from ____________________ to ______________________

☐ Normal duties

Body Part:

Shade the part of the body that is injured

Injury Type: (Tick)

- ☐ Ache/pain (gradual)
- ☐ Ache/pain (sudden)
- ☐ Amputation
- ☐ Broken Bone
- ☐ Bruising incl crushing
- ☐ Burns/scalds
- ☐ Chemical reaction
- ☐ Choking/suffocation
- ☐ Concussion/brain injury
- ☐ Cut (minor)
- ☐ Cut (major)
- ☐ Dental injury
- ☐ Dermatitis
- ☐ Dislocation
- ☐ Fatal
- ☐ Foreign Body (eye, ear, nose)
- ☐ Inhalation disease (asbestos/lead)
- ☐ Hearing Loss (noise induced)
- ☐ Poisoning
- ☐ Strain/Sprain

☐ Other: ________________________

Damaged property
What property or equipment was damaged?
Describe the nature of the damage
What object or substance caused the damage?

The incident/accident			
Description: describe what happened, before, during and after the accident *(use space overleaf for diagram – essential for all vehicle accidents)*			
Analysis (what were the causes of the incident/accident? Has it ever happened before?)			
What were the underlying causes of the incident/accident? *(lack of training, skills, procedures, equipment, PPE, etc)*			
How bad could it have been?	Very serious ☐	Serious ☐	Minor ☐
What are the chances of it happening again?	Often ☐	Occasional ☐	Rare ☐

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Incident/Accident prevention			
What action has or will be taken to prevent a recurrence?	By Whom	When	Date Completed
Has the hazard been added to the hazard register? YES ☐ NO ☐ (to be completed by HSO)			
Has OSH been notified? YES ☐ NO ☐ Date notified			
Contact person at Worksafe			

Incident/Accident investigation details			
Incident/Accident investigated by			
Date of investigation		Review date	
Other details			
Report sent to	Manager ☐	HSO ☐	

Ongoing notes / Follow up

Completed by: ____________________ Date: ____________________

Management/Employee: ____________________ Date: ____________________