

Item No

REFER SAFETY MANAGEMENT PROCEDURE ADAPS-7-SAFETY

1 DATE OF ENTRY/...../..... DATE OF ACCIDENT/ INCIDENT/ NEAR MISS/...../.....

INJURED (OR NEAR MISS) PERSON

2 SURNAME:

3 GIVEN NAMES

4 SEX: MALE FEMALE 5 MARITAL STATUS MARRIED SINGLE **INJURY**6 NATURE OF INJURY:
.....
.....

PART OF BODY:

ACCIDENT / INCIDENT / NEAR MISS DETAILS

9 DATE OF ACCIDENT / INCIDENT / NEAR MISS (as above)/...../..... TIME:.....AM / PM

10 WORK PLACE LOCATION:

11 JOB NUMBER:.....

12 WORK ACTIVITY:.....
.....13 WHAT HAPPENED?
.....
.....
.....14 NAMES OF WITNESSES AND CONTACT DETAILS:
.....

15 LOST TIME: DAYS:.....HOURS..... FROM:...../...../..... TO/...../.....

16 ACCIDENT HAZARD CLASSIFICATION: (Circle appropriate one)

HAZ (a hazard) NEM (a near miss) MIN (minor accident) MAJ (a major accident) MVA (medical examination required)

SHEET 1 OF 2 COMPLETED BY:

17 NAME:..... SIGN:..... DATE:...../...../.....

Item No

IMMEDIATE ACTION TAKEN

18 ACTION TAKEN WITH REGARD TO INJURED PERSON:

.....SIGN:.....

19 IMMEDIATE ACTION TAKEN TO ISOLATE CAUSE & STOP FURTHER INJURIES:.....

.....SIGN:.....

DETERMINATION OF CAUSE

20 CAUSE OF ACCIDENT/INCIDENT/NEAR MISS (eg human error, machine error, system inadequacy etc):

.....SIGN:.....

CORRECTIVE & PREVENTIVE ACTION TO ELIMINATE CAUSE RECURRING

21 NAMES OF PERSONS INVOLVED & CONSULTED IN FORMULATION OF THIS ACTION:

.....SIGN:.....

22 AGREED ACTION:.....

.....SIGN:.....
(affected manager)

23 ACTION IMPLEMENTATION DETAILS INCLUDING REQUIRED COMPLETION DATE:

.....SIGN:.....
(affected manager)**VERIFICATION**

24 COMMENTS ON EFFECTIVENESS OF CORRECTIVE & PREVENTIVE ACTION:

.....SIGN:.....