

## ACCIDENT/INCIDENT REPORT FORM Includes Medical and Environmental (Delete inapplicable)

THIS REPORT IS BEING CONDUCTED ON THE FOLLOWING TYPE OF ACCIDENT/INCIDENT

INJURY       DAMAGE       ENVIRONMENTAL       NEAR MISS   
HAZARD

Accident/Incident Day and Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Persons involved (Use a new form for each person involved)

Name ..... Occupation: .....

Date of Birth ..... Length of Employment: .....

Employer ..... Shift: ..... am/pm to ..... am/pm

Supervisor/Foreman .....

Witness(es): ..... Witness(es)::.....

Employer: ..... Employer: .....

Address: ..... Address: .....

Description of Accident/Incident by person involved or witness (if necessary  
sketch/photo of accident/incident or provide additional information)

.....  
.....  
.....  
.....  
.....  
.....  
.....

# TNG LIMITED

Sketch of Accident/Incident

# TNG LIMITED

Environmental Incident Class: .....

Injury (Circle one)

Fracture      Jarring              Concussion              Burn              Heat Exhaustion  
Dislocation              Crush Injury              Foreign Body              Stress

Other: .....  
.....

Part of body affected:

.....  
.....

Treatment required: (Circle one)

Nil                      First Aid                      Medical Treatment(off site)

Referred to:              Doctor      Doctor's Name: .....  
   Hospital      Name of Hospital: .....  
   Other      (please specify) .....

Further details/comments .....  
.....  
.....

Report completed by:

.....

(NAME IN FULL)

DATE:      /      /

.....

(SIGNATURE)

.....

(SUPERVISOR'S SIGNATURE)