



INJURY REPORTING FORM

INSTRUCTIONS: Employees shall report all work-related accidents, injuries or Unplanned events which could or have resulted in an injury using this form. The dully signed form should be subbmited/ delivered to to the project manager.

I AM REPORTING A WORK RELATED

INJURY/ ACCIDENT:

NEAR MISS:

SITE NAME:

PROJECT MANAGER:

SUPERVISOR'S NAME:

CASUAL'S NAME:

DATE OF REPORTING:

Is your line Manager made aware of this Incident

YES:

NO:

Location of the Incident

Date of the Incident:

Time of the Incident:

Witnesses if Any

INCIDENT DESCRIPTION: Describe tasks being performed and the sequence of events. Attach additional pages if necessary

What could have been done to prevent this injury/ near miss?

What parts of your body were injured? If a near miss, how could you have been hurt?

Is a 3rd party responsible for the injury/accident?

YES: NO:

If Yes, Share the name and Contact of the 3rd Party

YES: NO:

Was the injury/accident reported to the nearest police station?

YES: NO:

If Yes, Is the abstract/OB attached:

YES: NO:

Is Medical treatment necessary?

YES: NO:

If Yes, Share name of Hospital /Physician

Date of Visit: Time of Visit:

Hospital? Physician Phone:

Has this part of your body been injured before? YES: NO:

If yes When?

Attach physician Report:

Casual Name: Sign/ Date:

Supervisor's Name: Sign/ Date:

Project Manager: Sign/ Date:

TOOLBOX TALK & SITE/PROJECT ATTENDANCE REGISTER

PROJECT NAME: SITE NAME:
 SUPERVISOR: NO: OF CASUALS:

TOOLBOX TALK	
EHS CHECKLIST	
SITE EXCAVATION PLAN & CLIENT EXPECTATIONS	
INCIDENT REPORTING PROCEDURE	
OTHER ITEMS	

CASUAL REGISTER					
NO:	NAME:	ID NO:	TIME IN:	TIME OUT:	SIGNATURE:
1.					
2.					
3.					
4.					
5.					
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19.					
20.					

REMARKS

Site Supervisor: Signature: Date:
 Project Manager:..... Signature: Date: