

ACCIDENT REPORT FORM

Instructions: Complete all sections. This is a confidential, internal document and should be passed to the Production safety department upon completion. No copies should be made without permission from the Production safety supervisor.

Person Reporting: B L O C K C A P I T A L S
Telephone Number: N U M B E R
Production: B L O C K C A P I T A L S
Date Reported: D D - M M - Y Y Y Y Time Reported: H H : M M

INJURED PERSONS DETAILS

Gender M F Was the injured person? Crew Contractor/Vendor Other
Name: B L O C K C A P I T A L S
Telephone Number: N U M B E R Age (in years): N N
If crew member:
Job Title: B L O C K C A P I T A L S
Department:
 Production Construction H&S Props Transport
 Accounts Costume IT Security VFX
 Art Electrical Locations Set Dec Other
 ADs Electrical Rigging Medical SFX
 Camera Environmental Picture/Action Vehicles Studio
 Cast H&M Post Stunts

If contractor or vendor:
Company: B L O C K C A P I T A L S
If injured person is under 18 years give details of parent/guardian below (not the chaperone):
Name: B L O C K C A P I T A L S
Telephone Number: N U M B E R

INCIDENT DETAILS

Incident Date: D D - M M - Y Y Y Y Weather conditions: Cloudy Sunny
Incident Time: H H : M M Rain Dry
Reportable Y N Lost working days: N N Snow Ice
 High winds N/A
Location: B L O C K C A P I T A L S
W3W: B L O C K C A P I T A L S

Type of Incident: Injury Illness Severity: Very Low
 First Aid Case (FAC) Low
 Medical Treatment Case (MTC) Medium
 Serious Incident Case (SIC) High
 Fatality

PRIMARY CAUSE

Contact with electricity Fire/heat/explosion Slip, trip or fall from the same level
 Contact with machinery Injured by animal Stepping on/striking against an object
 Crush/trapped by something collapsing Manual handling Struck by moving vehicle
 Exposure to hazardous substance Other, specify in details Struck by object
 Fall from height Physical assault

TYPE OF INJURY

- Amputation
- Bruising, contusions
- Burns, scalds
- Concussion or internal injuries
- Dislocation
- Electric shock
- Eye injury
- Fracture
- Laceration/open wound
- Other, specify in details
- Sprain or strain
- Superficial injuries

INJURED BODY PART

- Eye
- Ear
- Head
- Neck
- Back
- Trunk
- Upper limb
- Hand
- Wrist
- Finger
- Lower limb
- Ankle
- Foot
- Toe

Incident Details (write in neat longhand) Include details of how/why the incident occurred including injuries, first aid treatment given etc)

Handwritten incident details area with horizontal dashed lines for writing.

NAME OF MEDIC/NURSE/FIRST AIDER

B L O C K C A P I T A L S

WITNESS DETAILS

Any witnesses? Yes No If yes, give names and contact numbers below

Handwritten witness details area with horizontal dashed lines for writing.

FOLLOW UP ACTIONS

- Follow up action/treatment (i.e. what did the injured person do after the incident)
- Returned to work
 - Went home
 - Refused treatment
 - Visited own doctor/specialist
 - Other, specify in details
- Transportation to hospital (i.e. how was the injured person transported to hospital - if relevant)
- Private/own vehicle
 - Production vehicle
 - Ambulance
 - Transport/taxi
 - Other, specify in details