



Accident Report Form

- Complete this form as soon as possible after the accident occurs.
- Be factual and objective in your descriptions. Avoid assumptions or speculative statements.
- Submit the completed form to designated management as per Community HeARTs policy.
- Keep a copy of the completed form for your records.

This Accident Report Form serves as a critical document for documenting and investigating accidents within Community HeARTs, ensuring that appropriate actions are taken to prevent future incidents and to comply with health and safety regulations.

1. Reporting Person's Information	
Your Name	
Role/Position <i>Your role or position at Community HeARTs</i>	
Contact Information (Phone number and/or email address)	

2. Date, Time & Location of Accident	
Date of Accident	
Time of Accident	
Location of Accident (Please be specific)	

3. Details of the Injured Person	
Name	
Role/Relationship to Community HeARTs <i>(Employee, Volunteer, Visitor, etc)</i>	
Contact Information (Phone number and/or email address)	

4. Witness Information (if any)	
Name	
Contact Information (Phone number and/or email address)	

<p>5. Description of Accident</p> <p><i>Describe the sequence of events leading up to the accident in as much detail as possible. Please Include information such as what the person was doing, any equipment or objects involved, conditions of the environment, etc.</i></p>

6. Injuries Sustained

Describe the nature and extent of injuries sustained by the individual:

- *Type of injury (e.g., cuts, bruises, strain, etc.)*
- *Location of injury on the body*
- *Severity of injury (mild, moderate, severe)*

7. Action Taken

Describe any immediate actions taken following the accident:

- *First aid administered*
- *Contacting emergency services (if applicable)*
- *Notifying supervisor or designated person*

8. Contributing Factors and possible future preventions taken (if known)

Was the accident caused by unsafe conditions, equipment failure, human error, etc.?

9. Additional Comments or Notes

Include any other relevant information or observations and provide any additional context or details that may be important for understanding the accident.

I have completed this form and provided information that is factual and does not contain my own views or opinions on the matter.

Name:

Signature:

Date: