Machine Accident Report Form

Machine Accident Investigation Kit

Read the **Notes for Managers** that accompany the Machine Accident Investigation Kit prior to completing this form.

This form must be completed as soon as reasonably practicable after an accident has occurred
- and definitely within 24 hours.

If this form is being completed by hand, use separate sheets if additional space is required.

Note that any defective equipment or materials must be retained in the 'as found' condition.

Photograph the scene of the accident as soon as possible.

Location

1. Where did the accident occur?

2. What was the date and time of the accident?

3. What machine was being used? (Make/Model/Serial Number)

4. Were there any defects with the equipment? Yes/No

4.1. If yes, describe the defects (include as much detail as possible):

5. Were there any defects with the materials being processed? Yes/No

5.1. If yes, describe the defects (include as much detail as possible):

6. Were there any other substances involved? Yes/No

6.1. If yes, describe them (include as much detail as possible):

7. Have any changes been made to the location after the accident but before the photographs were taken? Yes/No

7.1. If yes, what are the changes?

8. If the accident occurred outdoors, what were the weather conditions at the time of the accident?

9. Was there anything different of unusual about the machine, materials, working conditions, working practices or other circumstances? Yes/No

9.1. If yes, what was different or unusual and why was this so at the time of the accident (describe in as much detail as possible)?

Injured Person

10. Name:

11. Job title:

12. If the injured person is not an employee, what is their position (eg on work experience/training scheme, employed by someone else, self-employed contractor, member of public, etc)?

13. What task was being carried out at the time of the accident?

13.1. Is this task part of the person's normal job? Yes/No

13.2. If no, was the person authorised to perform the task or be present there? Yes/No

14. Were there any breaches of laid down procedures (including any relating to PPE – personal protective equipment)? Yes/No

14.1. If yes, what were the breaches?

15. Who was the first person on the scene? (Full name and job title)

16. Was the accident reported immediately? Yes/No

16.1. If no, why not and how long was it before the accident was reported?

17. What injuries or ill health effects resulted from the accident?

18. Describe in as much detail as possible how the injuries or ill health effects were caused:

19. Any other comments pertinent to the investigations that could help to prevent similar occurrences in the future.

Investigator

20. Name:

21. Job title:

22. Signature:

23. Date on which Machine Accident Report Form was completed: