



ACCIDENT INVESTIGATION FORM

Document Number - AIF - 06

Site:

Exact Location of Accident:

Name of Injured Person

Does this person work for L&G
If not list their job title

Date;

Time of Accident

am

pm

Task being carried out at the
time of the accident

Which part of the body
sustained the injury

Did the Person

Carried on
Working

Went Home

Sent Home

Was Ambulance
Called

Taken to
hospital

Whom was the accident
reported too:

Who reported the accident

Where Warning Signs in
Place

Take photos if possible

All sides of this form must be completed failure to do so will result in the form being returned to you



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Give a brief description
of accident / incident or
near miss

Action to be taken to
prevent re-occurrence

Manager

Date:



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WITNESS STATEMENT.

Name:

Place of Work:

Job Title:

Give a detailed account of the accident or incident that you witnessed.

Witness Signature

Date



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THE FOLLOWING INFORMATION MUST BE SENT WITH THIS FORM

Name of the person that cleans the area where the accident occurred	
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DOCUMENTATION REQUIRED

TRAINING RECORDS FOR THE PERSON NAMED ABOVE	YES	To Follow	N/A
Induction			
On Site			
Workshops			
Copy of the Accident Report			
Witness Statements			
CCTV Footage if available			
Photos of the area			
Photos of the injury (if possible)			

ADDITIONAL INFORMATION

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NON – LEWIS & GRAVES STAFF

If the person who had the accident does not work for L&G it must still be reported. We **MUST** still have the following information from site to assist us in establishing the cause of the accident or incident.

From this we can review our existing practises and procedures and amend if necessary, then implement new control measures to eliminate or reduce the risk of this happening not just on your site but across all our contracts.

The review may however show that the cause of the problem may not be of our making and the responsibility lies elsewhere.

NAME OF THE PERSON	
POSITION	
COPY OF THE SITE ACCIDENT REPORT	
WITNESS REPORTS	
ANY PHOTOS OR CCTV	

ADDITIONAL INFORMATION