|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Part A** | **Victims details** | |  | | |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal number \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accident Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **When did the accident happen?**  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **What happened?**  **Description:**  (Include details of any object, machine or substance involved)  Was the accident/ work related? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Declaration:** The above report provides a true, accurate and complete account of the accident  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_ | | | |
| **Part B** | | **First aiders’ comments** | | |
| What first aid was administered to the victim? | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_ | | | | |

KEFRI/F/ADM/16

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**ACCIDENT FORM**