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| **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**