

Heene-Woodside Short Mat Bowls Club

Accident Report Form October 2025

ACCIDENT DETAILS:

Date and time of the Accident : _____

Location of the Accident : _____

Describe the Accident : _____

Details of the witnesses, if any : _____

PERSON(S) INVOLVED

Name(s) : _____

Job title(s) : _____

Nature and extent of injuries : _____

ACCIDENT CATEGORY

Select the appropriate category for the Accident:

- ☐ Slip, Trip or Fall
- ☐ Equipment or Machinery related
- ☐ Vehicle or Transportation related
- ☐ Struck by Object
- ☐ Caught in or between Objects
- ☐ Electrical Incident
- ☐ Other (specify) : _____

ACCIDENT DESCRIPTION

Provide a detailed description of
how the accident occurred

: _____

IMMEDIATE ACTIONS TAKEN

Describe the immediate actions
taken to address the accident and
provide assistance

: _____

CONTRIBUTING FACTORS

Were there any contributing factors to the Accident? If yes, select the relevant factors:

- ☐ Unsafe Work Practices
- ☐ Lack of Training
- ☐ Equipment Failure
- ☐ Environmental Conditions
- ☐ Communication breakdown
- ☐ Other (Specify) :

INVESTIGATION:

Will a further investigation be conducted? : ☐ YES ☐ NO

If yes, specify the person(s) responsible for the investigation :

Provide any additional details or instructions for the investigation :

PREVENTATIVE MEASURES

What preventative measures can be implemented to avoid similar Accidents in the future? :

ADDITIONAL COMMENTS

Is there any additional information
or comments you would like to
include?

:

REPORTER DETAILS

Name

:

Job Title / Role

:

Contact Details

:
