



Holiday Spectacular Inc. Accident Report Form

INJURED DETAILS

Name: _____ Position: cast staff crew volunteer child parent visitor

Address: _____

Emergency Contact notified? _____ Name _____ relationship _____

If a minor, Parent/Guardian's names _____ Phone # _____

INJURY DETAILS Production _____

Date of accident: _____ Time: _____ Date Reported: _____ Time: _____

Location _____ Supervisor: _____

Ambulance Required? _____ Hospitalization Required? _____ Hosp. name _____

Medical Treatment required:

Nature and extent of injury			
Part of body injured	<input type="checkbox"/> Head	<input type="checkbox"/> Trunk	<input type="checkbox"/> Multiple
	<input type="checkbox"/> Eyes	<input type="checkbox"/> Arm	<input type="checkbox"/> General
	<input type="checkbox"/> Neck	<input type="checkbox"/> Leg	<input type="checkbox"/> Unspecified
Nature of injury	<input type="checkbox"/> Sprain	<input type="checkbox"/> Laceration	<input type="checkbox"/> Burn
	<input type="checkbox"/> Fracture	<input type="checkbox"/> Concussion	<input type="checkbox"/> Superficial
	<input type="checkbox"/> Multiple	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Amputation
	<input type="checkbox"/> Contusion	<input type="checkbox"/> Other	
Type of incident	<input type="checkbox"/> Flying object	<input type="checkbox"/> Manual handling	<input type="checkbox"/> Electricity
	<input type="checkbox"/> Struck by	<input type="checkbox"/> Poisons	<input type="checkbox"/> Fall
	<input type="checkbox"/> Caught in	<input type="checkbox"/> Temperature	<input type="checkbox"/> Other
Describe injury			



Accident Investigation - Supervisor's Report

Witness Details

How did the accident happen?

What caused the accidents

- Ineffective guarding
- Lack of protective equipment
- Lack of training
- Lack of maintenance
- Safety rules not followed
- inexperience
- Unsafe work methods
- Misconduct
- Workplace design (equipment, design, layout)
- Weather
- Poor housekeeping
- Language difficulties

Explain

How can a recurrence be prevented?

Supervisor's name _____

Signature: _____ Date: _____

Appropriate Government/insurance bodies Advised? (If applicable) Yes/No

Date : _____

Is this a Work-related injury? Yes/No

