

ACCIDENT REPORT FORM

Complete this only after providing immediate care and first aid, seeking medical treatment by a physician, if needed, and reporting the injury (by way of CA-1) to appropriate agency authorities.

Date of Report: Reporting person (name, phone, email):

Name of Injured Person: Club or affiliation:

Date of Accident:

Location of Accident:

Landing Agency: VIF/VIP Lead:

ATC staff Involved: Work Trip Leader:

Description of Injury (From Staff on Site):

Description of Accident and Circumstances (From victim Site):

Description of Accident from Witnesses:

Apparent Cause of Accident/Injury:

What PPE was required for the activity that caused the injury? Was PPE being used properly?

Was care or treatment administered on site and by whom?

Was the injured party taken to a hospital? How and Where?

Was a Workers Compensation Claim filed? If so what is the claim number?

What follow up is required and who will take lead?

Lessons Learned:

Actions project leader will take to prevent this type of accident/injury in the future:

Attach copies of relevant documents (CA-1, CA-16, JHA, etc.)

NEAR MISS OR HAZARD REPORT FORM

**If anyone is injured do not fill out this form. Instead report the injury using a CA-1 form and instructions.

Hazard: Any unsafe condition that can cause an injury, illness or death

Near Miss: An unplanned event that did not result in injury, illness or damage but had the potential to do so.

What was the context for the near miss

Date of Hazard / Near Miss:

Time of occurrence:

Location of Hazard / Near Miss:

Club or affiliation:

Landowning Agency of Hazard/Near Miss:

Person Reporting (name, phone number, email address):

Person wishes to remain anonymous? Yes No

Activity prior to hazard / near miss:

Describe the hazard/near miss:

What follow up is required and who will take lead?

Lessons Learned:

Actions project leaders will take to prevent this type of potential injury in the future.

Attach copies of relevant documents or pictures.