

ACCIDENT / INJURY REPORT FORM (F-OHS1)

Write in block letters and tick the appropriate boxes where applicable



Name of Officer-In-Charge,
On Site of Incident/Accident _____

Signature of Officer-In-Charge,
On Site of Incident/Accident _____

Date of Report Form: _____

St.John Rescue Corps
Headquarters & Training School
Fort Madalena
Triq il-Madliena
Madliena, Swieqi, SWQ1013
Malta

SHORT DETAILS OF ACCIDENT

Status of injured person	<input type="checkbox"/> Corps Member	<input type="checkbox"/> Contractor	<input type="checkbox"/> Visitor	<input type="checkbox"/> Other
Outcome of accident	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Injury	<input type="checkbox"/> Serious Accident	<input type="checkbox"/> Other

1 - DETAILS OF INJURED PERSON

Name & Surname		Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address _____ _____ _____		Date of Birth		
		Department/Branch		
		Rank		
Phone	H		M	
Length of Service with Corps				

2 - DETAILS OF ACCIDENT

Date of Accident	Time When Accident Occurred
Location	Area
Description of what happened and how _____ _____ _____ _____	
Who was first notified about the accident?	

3 - DETAILS OF WITNESSES

3a - WITNESS No.1

Name & Surname	Phone	H		M	
Address _____ _____ _____	Remarks _____ _____ _____				

3b - WITNESS No.2

Name & Surname	Phone	H		M	
Address	Remarks				

3c - WITNESS No.3

Name & Surname	Phone	H		M	
Address	Remarks				

4 - DETAILS OF INJURY

Nature of Injury					
Cause of Injury					
Location of Injury on Body					
Agent Causing Injury (Explain what type of tool, chemical, etc...)					
Has the injured area ever been injured before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	When?

5 - TREATMENT ADMINISTERED

First Aid Given
First Aider/s
Treatment
Referred To
By Whom was the Injured Person Taken
Treated By

SECTION 6 TO 11 MUST BE COMPLETED BY A RESCUE CORPS OFFICER NOT BELOW THE RANK OF ASSISTANT COMMISSIONER
6 - DID THE INJURED PERSON STOP OPERATING WITH THE CORPS?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, State Date	Time	
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Outcome:

<input type="checkbox"/> Treated by Doctor	<input type="checkbox"/> Hospitalised	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Off Duty for a Period of Time	<input type="checkbox"/> Returned to Regular Duties	<input type="checkbox"/> Given Alternative Duties

7 - ACCIDENT INVESTIGATION (Comments to Include)

8 - RISK ASSESSMENT

Likelihood of Recurrence

Severity of Outcome

Level of Risk

9 - CONTROLS TO PREVENT RECURRENCE

Control	By Whom	Urgency	Completion Date

10 - SPECIALIST ADVISOR

Officer	Date of Interview
Signature	Experience

11 - REVIEW COMMENTS AND SIGNATURES

HR/H&S Board Meeting	Date
Reviewed by H&S Officer	Signature
Rescue Corps Commissioner	Signature
	Date