

Form 1 Accident Investigation Report

		Injury		Damage			Near Miss
Surname		First Name			Other In	nitials	•
	1					1	
Date of Birth Day Month	Year	Gender M/F		Primary Language			Contact No.
Team	Division	147/1		Tilliary Language			ontact No.
			ate began pla		ars		
Time and Date of Incident (If illness date	e reported)	Time a	and Date Rep	port Received	-		[
am/pm Day Month	Year	am/pm	L	ay		onth	Year
anii Day Monai	1001			e completed		OTT.	. oai
		2	25% or less		51-75%		Overtime
			25-50%		76-1009	\$	
Incident Results							
Fatal Hospital ir First Aid Only Property D		Doctor only Nil (Injury/Da	omaga)				
Nature of Injury or Damage	oamage	Twi (injury/Da	arriage)				
Location of Injury or Damage							

Outcome (Questions to be answered as information becomes available)

ACCIDENT INVESTIGATION REPORT (Cont'd)

Note: This investigation is	aimed at identifying causes,	not attributing blame.	
		product, process, equipment involved)	
What was the player doing			
. , ,			
How exactly was the injury	or damage sustained?		
,,,,			
What happened unexpecte	edly? (Undesired event)		
Contributing Factors			
-			
Investigating Manager			
L		LDay	Month Year
Corrective/Action Taken			
Corrective/Action Taken			
Corrective/Action Taken			
Corrective/Action Taken Estimated Cost of Incident:	\$	Estimated Cost of Correction:	\$
		Estimated Cost of Correction:	\$
Estimated Cost of Incident:		Estimated Cost of Correction:	\$
Estimated Cost of Incident:		Estimated Cost of Correction:	\$
Estimated Cost of Incident:		Estimated Cost of Correction:	\$
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Estimated Cost of Incident: Manager's Comments (Man	nager to Sign and Date)	Estimated Cost of Correction:	\$
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TO BE COMPLETED FOR ALL INCIDENTS AND FORWARDED TO PRESIDENT