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|  **WAT ACCIDENT/INCIDENT FORM** | Number: |
| DATE: | TIME: |
| NAME OF INJURED PARTY: |
| NAME OF PERSON COMPILING REPORT IF DIFFERENT: |
| PLACE WHERE ACCIDENT/INCIDENT OCCURED: |
| WORK BEING UNDERTAKEN AT TIME OF ACCIDENT/INCIDENT: |
| DESCRIPTION OF ACCIDENT: (Including names of any witnesses)Continue overleaf if required |
| TREATMENT GIVEN TO INJURED PARTY/ACTION TAKEN:Continue overleaf if required |
| Signature of person compiling report: | Date: |
| Signature of team leader at time of injury/incident: | Date: |
| Comments & recommendations of Safety Coordinator:Continue overleaf if required |
| Signature: | Date: |