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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: |