FORM OF NOTICE OF ACCIDENT

APPROVED UNDER THE SAFETY, HEALTH AND WELFARE AT WORK (GENERAL APPLICATION) REGULATIONS, 1993

(Before completing this form, please see INSTRUCTIONS overleaf)

S.I. No. 44 of 1993

DETAILS OF INJURED PERSON

Name:	Date of birth:		Sex:	Is the injured person: ☐ Employed Full Time ☐ Employed Part Time ☐ Self-employed ☐ A Trainee ☐ A Family Member ☐ A Member of Public
Address:	Nationality:	Length of service: Years Months		
	RSI Number:	Date of Accident:	Time of Accident:	
Occupation:	Time of starting work:		Normal time of finishing work:	

EMPLOYER / SELF-EMPLOYED INFORMATION

Name of business or company name:	Phone Number:(2) (+STD Code)	
Address of Head Office:(1)	Nature of Business:	
Address of establishment where injured person was based if different from (1) above:	Approximate no. employed at establishment:	Approximate total no. employed by business:
If accident did not occur at the establishment address state where:		

TYPE OF WORK AND WORK ENVIRONMENT

What type of work was the injured person doing at the time of the accident? (e.g. Iron founding, harvesting, word-processing):

Where was the injured person at the time of the accident? (e.g. inside buildings, underground, field, public road, shop etc.)

CIRCUMSTANCES OF THE ACCIDENT (An "agent" may be another person, an animal, a substance, equipment or other item)

Briefly describe what the injured person was doing at the time of the accident identifying the agent involved:

Briefly describe the departure from normal, including the agent involved:

Briefly describe the action leading to the injury including the agent which actually caused the injury:

Details of the injury

Indicate type of injury (tick one box only)

- ☐ Bruising, contusion
- ☐ Concussion
- ☐ Internal injuries
- ☐ Open wound
- ☐ Abrasion, graze
- ☐ Amputation
- ☐ Open fracture (i.e. bone exposed)
- ☐ Closed fracture
- ☐ Dislocation
- ☐ Sprain, torn ligaments
- ☐ Suffocation, asphxiation
- ☐ Gassing
- ☐ Drowning
- ☐ Poisoning
- ☐ Infection
- ☐ Burns, scalds, frostbite
- ☐ Effects of radiation
- ☐ Electrical injury
- ☐ Injury not ascertained
- ☐ Other

Indicate part of body most seriously injured (tick one box only)

- ☐ Head, except eyes
- ☐ Eyes
- ☐ Neck
- ☐ Back, spine
- ☐ Chest
- ☐ Abdomen
- ☐ Shoulder, upper arm, elbow
- ☐ Lower arm, wrist
- ☐ Hand
- ☐ Fingers, one or more
- ☐ Hip joint, thigh, knee cap
- ☐ Knee joint, lower leg, ankle area
- ☐ Foot
- ☐ Toes, one or more
- ☐ Extensive parts of the body
- ☐ Multiple injuries
- ☐ Other

CONSEQUENCES OF THE ACCIDENT

Fatal ☐ Non Fatal ☐	Date of resumption of work if back Year Month Day	Anticipated absence if not back 4-7 days ☐ 8-14 days ☐ More than 14 days ☐

DETAILS OF NOTIFIER

Notifier: ☐ Employer/Self Employed ☐ Person in control of workplace ☐ Person Providing Training ☐ Other Date:

Address and telephone number for acknowledgement/clarification if different from the employer's/self employed given previously

Signature: Position: