



**GOVERNMENT SAFETY ENGINEER'S ACCIDENT  
 INVESTIGATION REPORT**

(This form shall be submitted to the Bureau of Working Conditions not later than the 30<sup>th</sup> day of the month following the date of occurrence)

ORIGINAL 1.  Establishment  Police  Others (Name)  
 (NOTICE) 2.  Telephone  Telegram  Messenger

Others : \_\_\_\_\_

3. Establishment: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_  
 EMPLOYER 4. Address: \_\_\_\_\_  
 5. Manager: \_\_\_\_\_  
 6. Employees & Workers:      M                  F                  Total

INJURED 7. Name: \_\_\_\_\_ Age: \_\_\_ Sex: \_\_\_ Civil Status: \_\_\_  
 8. Address: \_\_\_\_\_ No. of Dependents : \_\_\_  
 9. Occupation: \_\_\_\_\_ Average Weekly Wages: \_\_\_\_\_  
 10. Length of Service prior to Accident : \_\_\_\_\_ Accident Record: \_\_\_\_\_

11. Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

12. This Accident Involved :  Personal Injury  Property Damage

13. Description of Accident: (Give full details on how accident occurred): \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_

14. Activities Performed Before Accident : \_\_\_\_\_  
 Was this part of regular job? \_\_\_\_\_ If not why?: \_\_\_\_\_

15. No. of similar accident in the past 2 years: \_\_\_\_\_

16. No. of injuries in the past 12 months: \_\_\_\_\_

Total \_\_\_\_\_ Non-Disabling \_\_\_\_\_ Disabling \_\_\_\_\_ Fatal \_\_\_\_\_

INJURY 17. Extent of Injury: \_\_\_\_\_ Fatal \_\_\_\_\_ Permanent Total \_\_\_\_\_  
 18. Nature of Injury: \_\_\_\_\_  
 19. Part of body affected : \_\_\_\_\_

CAUSE 20. The Agency Involved: \_\_\_\_\_  
 21. Part of Agency Involved: \_\_\_\_\_  
 22. Unsafe mechanical or physical condition: \_\_\_\_\_  
 23. Accident Type: \_\_\_\_\_  
 24. The Unsafe Act \_\_\_\_\_  
 25. Contributing Factor \_\_\_\_\_

26. Describe kind and extent of damage to equipment, materials, machinery and tools : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREVENTIVE MEASURES 27. Preventive measures taken: \_\_\_\_\_

WITNESS 28. Supervisor/Foreman (Name) : \_\_\_\_\_

29. Worker (Name) : \_\_\_\_\_

30. Others (Name) \_\_\_\_\_

\_\_\_\_\_

**REMARKS/RECOMMENDATIONS:**

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Date: \_\_\_\_\_

Investigation in the presence of:	Safety Engineer/s:
_____ (Signature Over Printed Name and Position)	_____ (Signature Over Printed Name and Position)