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Workplace Accident Questionnaire
The Accident

- A If your injuries were caused by an *accident* at work:
1. Date of accident:
 2. Time of accident:
 3. Place of accident:
 4. The parties involved in the accident; names and addresses of people involved or hurt
5. What were you supposed to be doing there?
6. Please give a full description of how the accident occurred. It will be helpful to put in a sketch showing position of all parties and of the witnesses, etc. Please enclose photographs of the accident site if you have any.
- B. If your injuries were the result of a *condition* caused by work:
1. Please set out a full description of how your injuries occurred
 2. Please send a sketch showing workplace if relevant together with photographs of workplace if any
 3. Date first noticed condition or injury

4. Any other relevant details

C Please answer the following questions in all cases

1. Your job title and a brief description of the work you undertook

2. Your work conditions – hours of work, type of work, etc

3. What is your status regarding other employees?

4. What is the name and address of the person in immediate authority over you?

Was your work supervised?

By whom?

What was the nature of that supervision?

Was your supervisor present when the accident occurred?

5. Who was responsible for health and safety at your workplace?

6. Were you given any training or information which could have prevented the injury?

7. Were there any other safety precautions taken by the employer, for example the presence of warning notices? Were they visible?

8. Were you given any verbal warnings regarding safety?

9. Had you made earlier relevant complaints to the employers regarding the safety of your workplace? If any were in writing please let us have copies.

10. Do you know of any previous similar accidents or history of safety complaints regarding the matter which caused your injury? If so please let us have copies

11. Has any union memoranda been sent regarding the injury or any similar incident?

12. If the injury was caused by faulty equipment please give full details (i.e. make and type of the equipment that caused the injury and the exact fault)
13. If appropriate was any protective clothing or equipment available and offered to you?
14. Was your workplace regularly checked and written reports made of those checks?
15. How long had you been employed at this particular job?
16. What was your experience of the job you were currently doing?
17. Were you obeying instructions?
18. Who in your view was responsible for the injury? Why?
19. Was the injury reported in an accident book? If possible let us have a copy of the entry in the accident book
20. Were there any witnesses? If so please put in their names, addresses or other means of contacting them
21. Has there been a factory inspection following the injury?
22. Has to your knowledge anything been changed by your employers as a result of the injury?
23. Did the company doctor see you? If so please send any report
24. Have you received disablement benefit?
What percentage of disablement was assessed?

Please send copies of all assessment documents