

Accident Analysis Form

Kindergarten: _____ Term: _____

Location or main cause of accident	Total number of accidents	Any identified trends Eg: weather, age, gender, time of day	Any actions or changes required Eg: change supervision/ setup/rules of play, replace/remove equipment
Swings			
Sandpit			
Challenge Course			
Fixed Equipment eg: forts, platforms, trees			
Pathways/Tracks			
Grassed or Safety Surface Areas			
Water Trough			
Sheds/Storage Areas			
Ride-on Vehicles			
Carpentry Area			
Indoor Play Area			
Bathroom/Toilets			
Kitchen			
Entry Areas			
Children in Conflict eg: biting, hitting			
Natural Play eg: fall while dancing			
Excursion			
Staff Accident			
Child Unwell or Ill			
Comments or any extra information: Head Teacher _____ Date _____			