



## INCIDENT INVESTIGATION REPORT

(Completed after an Incident Report is submitted)

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### 1. LINKED INCIDENT DETAILS

Incident Report Reference Number: \_\_\_\_\_

Date Investigation Started: \_\_\_\_\_

Investigating Staff Member: \_\_\_\_\_

Role:  Supervisor  Manager  Duty Manager

### 2. ACTIVITY UNDER INVESTIGATION

Activity Involved (tick one):

- Pro Karts
- Fun Karts
- Two Seater Kart
- Bumper Boats
- Trampoline Park
- Mini Golf
- Hydro Slide
- Laser Tag
- Spa Pools
- Other: \_\_\_\_\_

Specific Area / Lane / Kart / Boat / Zone:

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### **3. PARTICIPANT PROFILE (INVESTIGATION CONTEXT)**

**Participant Age:** \_\_\_\_\_

Child  Youth  Adult

**Was the participant eligible for this activity?**

Yes  No  Unclear

**Height / Age / Weight requirements met (if applicable):**

Yes  No  Not Applicable

### **4. BEHAVIOUR & USE ASSESSMENT**

**Was the activity being used in accordance with company policy and briefing?**

Yes  
 No  
 Unsure

**Behaviour observed (tick all that apply):**

Excessive speed  
 Deliberate contact  
 Unsafe manoeuvres  
 Ignored staff instructions  
 Horseplay  
 Standing or leaning incorrectly  
 Misuse of equipment  
 Sliding incorrectly  
 More than one person at a time  
 Other: \_\_\_\_\_

**Comments / Findings (detail what was observed):**

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## 5. WARNINGS & INTERVENTIONS PRIOR TO INCIDENT

**Had the participant received any warnings or strikes prior to the incident?**

- No
- Yes – verbal warning
- Yes – behaviour strike
- Yes – final warning
- Unknown

**Details of warnings or staff intervention:**

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## 6. STAFF RESPONSE AT TIME OF INCIDENT

**Did staff intervene immediately?**

- Yes
- No

**Actions taken (tick all that apply):**

- Participant stopped
- Activity paused
- Activity shut down
- Equipment isolated
- Supervisor called
- Manager notified

**Comments / Findings (response and timing):**

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## 7. EQUIPMENT & FACILITY INVESTIGATION

**Was equipment inspected?**

- Yes
- No

**Equipment Identification (kart number, boat number, lane, etc.):**

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**Inspection Outcome:**

- No faults identified
- Minor issue found (not causal)
- Fault identified that may have contributed
- Fault identified as primary cause

**Comments / Findings:**

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**Was equipment removed from service?**

- No
- Yes – temporarily
- Yes – until repaired

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**8. ENVIRONMENTAL & OPERATIONAL FACTORS****Conditions present:**

- Dry
- Wet
- Slippery
- Wind
- Poor visibility
- High patron numbers
- Other: \_\_\_\_\_

**Were controls adequate (signage, supervision, briefings)?**

- Yes
- Partially
- No

**Comments / Findings:**

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## 9. ROOT CAUSE ANALYSIS

### **Primary cause identified:**

- Participant behaviour
- Equipment condition
- Environmental factors
- Operational or staffing issue
- Combination of factors

### **Root cause explanation:**

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## 10. CORRECTIVE & PREVENTATIVE ACTIONS

### **Immediate corrective actions taken:**

### **Further preventative actions required:**

- Staff retraining
- Policy clarification
- Equipment repair or replacement
- Signage or briefing update
- Increased supervision
- No further action required

### **Details & responsibility:**

**Person Responsible:** \_\_\_\_\_

**Target Completion Date:** \_\_\_\_\_

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## 11. ESCALATION & NOTIFICATION (MANDATORY)

### **Does this incident require escalation or external notification?**

- No
- Yes – internal review
- Yes – external authority

**⚠ If YES to any option above, you MUST contact Nick or Betsy immediately and directly to notify them.**

Nick contacted  Betsy contacted

**Time & method of contact (call/text):**

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## **12. INVESTIGATION CONCLUSION & SIGN-OFF**

**Investigator Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Manager Review Completed:**

Yes  No

**Manager Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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