

INCIDENT INVESTIGATION REPORT

The objective of incident investigation is not to apportion blame but to get the relevant facts.

Incident details				
Location site:				
Location section/building:				
Date of incident:		Time of incident:		am / pm
Description of Incident:				
Investigation details				
Date of Investigation:		Time of investigation:		am / pm
Nature of investigation:	<input type="radio"/> Fatality	<input type="radio"/> Damage	<input type="radio"/> Injury	<input type="radio"/> Near Hit
Investigation Team				
Name:		Contact number:		
Name:		Contact number:		
Name of persons involved in the incident				
Name		Company / position		Contact details (phone)
Witness details				
Name		Company/position		Contact details (phone)
Sequence of events that led up to the incident				
1				
2				
3				
4				
5				
6				

ROOT CAUSE ANALYSIS

(What contributed to the Event)

- Individual Factors Task Invariability Psychosocial Factors Environmental Issues
 Workplace layout / awkward postures Work Organisation Load / Forceful Movements

Other contributing factors

Summary of conditions at the time of the incident, *eg weather, visibility, noise, lighting etc.*

Summary of variations from standard operating procedures

Summary of identified deficiencies that may have contributed

Was a new Hazard identified? YES / NO

Has the Hazard been entered on the
Permanent Hazard Register? YES / NO

Actions taken at time of incident to minimise the impact of the incident

Eg removal of guards, emergency procedures, equipment removal etc.

1

2

3

4

5

6

Annexures supporting this report

Eg photographs, statements, witness reports, risk assessments, SWMS, etc.

1

2

3

4

What action has or will be taken to prevent recurrence?	When	By whom (Name and Position)	Date of Completion	Management Approval (Name and Signature)

Have all affected personnel been advised of procedure and/or process changes as a result of this investigation? YES / NO

Follow up (to be completed by management)		
Date for review of corrective actions:		
Name of person reviewing actions:		
Date corrective actions reviewed:		
Does the register of injuries record coincide?	<input type="radio"/> Yes	<input type="radio"/> No
Was this a serious harm accident?	NO / YES	
If serious harm – has Worksafe been notified?	NO / YES	
Name of person contacted at Worksafe: _____		
Date of Contact: _____ Time: _____		
Please attach all documents sent to Worksafe		

Copies of this report have been sent to

Date sent	Sent to
... / ... /	HR
... / ... /	MD

Signatures

Investigating team leader	Manager	Person making the report	Witness
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