Date: Unit #:

**Part A – General**

|  |  |
| --- | --- |
| Department/Area: | Date & Time of Incident: |
| **Type of Incident** | **Estimated Cost of Incident** |
| * Fatality * Major Injury/LTI (Hospitalisation, Major Disability, more than 1 day bed rest) * Minor Injury (First Aid) * Serious Ill health (Occupational Disease) * Major Chemical Spillage * Fire * Property Damage * Passage of arms or serious misbehave * Serious Near Miss * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Direct Cost: |
| Indirect Cost: |

**Part B – Investigation Team**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Designation | Department | Signature |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part C - Information Gathering**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Witness Detail: (Attach witness statement) | | | |
| Name | Designation | Department/Section | Signature |
|  |  |  |  |
|  |  |  |  |
| 2. Affected Person or Material Detail: | | | |
| Name/Title/Reference: | | | |
| Designation/Type/Purpose: | | | |
| Other Detail: | | | |
| 3. Where did the incident happen? Attach Pictures (If necessary) | | | |
|  | | | |
| 4. How incident happened? | | | |
|  | | | |
| 5. What impacts were caused? Attach Pictures (If necessary) | | | |
|  | | | |
| 6. What activities/tasks were being carried out at the time of the incident? (Attach SOP,WI or checklist of activity, if available) | | | |
|  | | | |
| 7. Was there a risk assessment covering the activities/tasks being undertaken? (Attach risk assessment, if available) | | | |
| * Yes * No | | | |
| 8. In relation to the working environment and/or equipment involved, was maintained and cleaning up to date? (Attach monitoring/maintenance record, if available) | | | |
|  | | | |

**Part D - Analysis and Further Action**

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| --- |
| Detailed Findings of investigation Team (after incident) |
|  |
| 9. What were the root causes of the incident? |
| Root causes: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10. What additional risk control measures are required to prevent recurrence? | | | | |
| Action | | Target | Responsible | Signature |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
| 11. Do similar risks exist elsewhere? | | | | |
|  | | | | |
| Name of Lead investigator: | | | | |
| Signature: | Date: | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reviewed by: |  |  | Approved by: |  |

(Compliance Department) (GM/MD/CEO)

Comments, If Any: