



INCIDENT INVESTIGATION REPORT

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

Incident details

Location site:

Location area:

Date of incident:

Time of incident:

am/pm

Description of Incident:

Investigation details

Date of Investigation:

Time of investigation:

am/pm

Nature of investigation:

Fatality

Damage

Injury

Near Hit

Investigation Team

Manager:

Contact:

Name:

Contact:

Name:

Contact:

Name:

Contact:

Name of persons involved in the incident

| Name | Contact Number | Email Address |
|------|----------------|---------------|
| | | |
| | | |
| | | |
| | | |

Witness details

| Name | Contact Number | Email Address |
|------|----------------|---------------|
| | | |
| | | |
| | | |
| | | |

Sequence of events that led up to the incident

- 1
- 2
- 3
- 4
- 5
- 6

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

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

Eg emergency procedures, equipment removal etc.

- 1
- 2
- 3

4
5
6

Annexures supporting this report

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

1
2
3
4

Recommended corrective actions

1
2
3
4
5

Manager agreed corrective actions

| Item | Responsibility | Target date | Completed |
|------|----------------|-------------------|----------------------------------------------------|
| 1 | | ... / ... / | <input type="radio"/> Yes <input type="radio"/> No |
| 2 | | ... / ... / | <input type="radio"/> Yes <input type="radio"/> No |
| 3 | | ... / ... / | <input type="radio"/> Yes <input type="radio"/> No |
| 4 | | ... / ... / | <input type="radio"/> Yes <input type="radio"/> No |
| 5 | | ... / ... / | <input type="radio"/> Yes <input type="radio"/> No |

Person responsible details

Name:

Title:

Telephone number (landline):

Telephone number (mobile):

Email:

Follow up

Date for review of corrective actions:

Name of person reviewing actions:

Date corrective actions reviewed:

Does the register of injuries record coincide?

Yes No

Is this a WorkCover notifiable incident?

Yes No

Workers Compensation WC (if applicable)

Has the WC insurer been notified of the incident?

Yes No

Has a claim form been provided to the injured worker?

Yes No

Has the claim form been submitted to the WC insurer?

Yes No

Is an injury management plan drafted?

Yes No

Is a return to work plan in place?

Yes No

Copies of this report have been sent to

Date sent Sent to

... / ... / HR

... / ... / CEO

... / ... /

Administration

File completed? Yes No Date:

Further action required? Yes No Date:

Details of further action:

Signatures

Investigating
team member

Manager

Person making the
report

Witness