

## **INCIDENT/ ACCIDENT INVESTIGATION**

CONTRACT:			
INCIDENT DETAIL:			
DATE OF INCIDENT:			
	<u>CHECKLIST</u>		
Attach	nments	Yes	No
Annexure 1			
WCL 2			
Statements			

Photographs

Proof of Induction Training

Proof of Risk Assessment Training

Certificate/s of Competency

Medical Certificates of Fitness

Toolbox Talk- Incident Recall

Proof of Toolbox Talks

Risk Assessments

Appointment/s

Inspections

Other-

Other-

Other-

Other-

Other-

CONTRACT NAME	
AREA LOCATION	
CONTRACT DIRECTOR	
CONTRACT MANAGER	
CONSTRUCTION SUPERVISOR	
INCIDENT DETAILS	
DATE	
TIME	
LOCATION OF INCIDENT	
NO. OF WORKMAN INVOLVED	
WITNESSES	
DAMAGE TO PLANT / MATERIAL	
INJURED DETAILS	
NAME	
ID NUMBER	
COMPANY NUMBER	
OCCUPATION	
PERIOD ON CONTRACT	
LENGTH OF EXPERIENCE	
UNDERGONE SAFETY INDUCTION	
TRAINING RECORDS	
INJURIES SUSTAINED	
EXPECTED PERIOD OF DISABLEMENT	
DETAILS OF EMPLOYER	
COMPANY	
SCOPE OF WORK	
MANDATORY AGREEMENT IN PLACE	
APP. CONSTRUCTION WORK SUPERVISOR	
GENERAL INFORMATION	
RISK ASSESSMENT IN PLACE	
POLICE NOTIFIED	
LOCAL AUTHORITIES NOTIFIED (INSPECTOR)	
COMPENSATION INJURY CLAIM NUMBER	
STATEMENTS TAKEN	
   PHOTOGRAPHS TAKEN	

DESCRIPTION OF INCIDENT	
INITIAL FINDINGS	
INITIAL FINDINGS	

DIRECT CAUSE		

KETCH	

CONTRIBUTING FACTORS	
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CORRECTIVE ACTION TO BE TAKEN	
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INVESTIGATOR	
SAFETY OFFICER	
SAFETY REPRESENTATIVE	
SAFETY COMMITTEE CHAIRPERSON	
CONSTRUCTION SUPERVISOR	
CFO	