1. Required to be completed as a full investigation into a Health and Safety incident. Fill out all the required fields and answer other questions as needed.
2. If an *HSW07 - Incident Initial Response Form* has been completed, complete page 20 onwards and append the *HSW07 - Incident Initial Response Form* to this report.
3. Add photos and notes/comments
4. Send completed report to [hsw@infratec-uk.com](mailto:hsw@infratec-uk.com)

|  |  |  |  |
| --- | --- | --- | --- |
| Date & Time of Incident |  | Location of Incident |  |
| Incident Priority |  | | |
| Site / Project |  | | |
| Select Category the near miss most relates |  | If other, please describe |  |
| Name of Supervisor at Time of Incident |  | Is Immediate Medical Attention Required? |  |

|  |  |
| --- | --- |
| Describe what happened. Please be detailed but state only facts | |
|  | |
| What were the weather / environment conditions at the time of the incident? |  |

|  |  |  |
| --- | --- | --- |
| Which of the following do you need to attach to this report to accurately document this incident? |  | Evidence |
|  | Equipment Details |
|  | Vehicle Details |
|  | Damages |
|  | Other Items |

Please log all relevant evidence on the following pages

**EVIDENCE**

|  |  |
| --- | --- |
| Evidence Description | |
|  | |
| Type of Evidence |  |
| Photos | |
|  | |
| Please detail any further information regarding this evidence (if applicable) | |
|  | |

**VEHICLE DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vehicle Registration |  | Vehicle Make |  | Vehicle Model |  |
| Driver (if applicable) |  | | | | |
| Damage Description | | | | | |
|  | | | | | |
| Photos | | | | | |
|  | | | | | |
| Please detail any further information regarding this damage (if applicable) | | | | | |
|  | | | | | |

**ITEM**

|  |
| --- |
| Item Description |
|  |
| Photos |
|  |
| Please detail any further information regarding this item (if applicable) |
|  |

**EQUIPMENT DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Equipment Type |  | Equipment Make |  | Equipment Model |  |
| Description | | | | | |
|  | | | | | |
| Photos | | | | | |
|  | | | | | |
| Please detail any further information regarding this Equipment (if applicable) | | | | | |
|  | | | | | |

Please document all people involved in this incident, including yourself (the person reporting the incident)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name | | |  | | |
| Contact Phone Number | | |  | | |
| What is this person’s relation to the incident? (Select all that apply) | | |  | Reporter of Incident | |
|  | Injured Person | |
|  | Witness | |
|  | Primary Person Involved | |
|  | Secondary Involvement | |
|  | On-duty Supervisor | |
|  | Investigator | |
|  | Suspect | |
|  | Other | |
| Please describe this person’s involvement with the incident, including all relevant information | | | | | |
|  | | | | | |
| Does this person wish to make a preliminary statement? | |  | Has this person sustained an injury? | |  |
| Type of Injury or Illness (Select all that apply) | | | | | |
|  | Superficial | |  | Open Wound | |
|  | Fatality | |  | Concussion | |
|  | Sprain | |  | Respiratory | |
|  | Eye Injury | |  | Burns | |
|  | Fracture | |  | Electrocution | |
|  | Fall | |  | Strain | |
|  | Dislocation | |  | Struck by Object | |
|  | Entanglement | |  | Assault | |
|  | Muscle & tendon | |  | Nerve & Spinal Cord | |
|  | Amputation | |  | Intracranial | |
|  | Other Injury | | If other, describe below | | |
|  | | | | | |
| Type of Injury or Illness (Select all that apply) | | | | | |
|  | General Ailment | |  | Head | |
|  | Eye (Left) | |  | Eye (Right) | |
|  | Ear | |  | Nose | |
|  | Throat | |  | Neck | |
|  | Back (Upper) | |  | Back (Lower) | |
|  | Arm – Upper (Right) | |  | Arm – Upper (Left) | |
|  | Arm – Elbow (Right) | |  | Arm – Elbow (Left) | |
|  | Arm – Forearm (Right) | |  | Arm – Forearm (Left) | |
|  | Wrist (Right) | |  | Wrist (Left) | |
|  | Hand (Right) | |  | Hand (Left) | |
|  | Chest | |  | Abdominal / Stomach | |
|  | Leg – Upper (Right) | |  | Leg – Upper (Left) | |
|  | Leg – Knee (Right) | |  | Leg – Knee (Left) | |
|  | Leg – Lower (Right) | |  | Leg – Lower (Left) | |
|  | Ankle (Right) | |  | Ankle (Left) | |
|  | Foot (Right) | |  | Foot (Left) | |
|  | Shoulder (Right) | |  | Shoulder (Left) | |
|  | Groin / Anus | |  | Other | |
| If other, describe | | |  | | |
| Please describe the injury / illness | | | | | |
|  | | | | | |
| What was the cause of this injury or illness? | | | | | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name | | |  | | |
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| What is this person’s relation to the incident? (Select all that apply) | | |  | Reporter of Incident | |
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|  | On-duty Supervisor | |
|  | Investigator | |
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|  | Dislocation | |  | Struck by Object | |
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|  | Muscle & tendon | |  | Nerve & Spinal Cord | |
|  | Amputation | |  | Intracranial | |
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|  | | | | | |
| Type of Injury or Illness (Select all that apply) | | | | | |
|  | General Ailment | |  | Head | |
|  | Eye (Left) | |  | Eye (Right) | |
|  | Ear | |  | Nose | |
|  | Throat | |  | Neck | |
|  | Back (Upper) | |  | Back (Lower) | |
|  | Arm – Upper (Right) | |  | Arm – Upper (Left) | |
|  | Arm – Elbow (Right) | |  | Arm – Elbow (Left) | |
|  | Arm – Forearm (Right) | |  | Arm – Forearm (Left) | |
|  | Wrist (Right) | |  | Wrist (Left) | |
|  | Hand (Right) | |  | Hand (Left) | |
|  | Chest | |  | Abdominal / Stomach | |
|  | Leg – Upper (Right) | |  | Leg – Upper (Left) | |
|  | Leg – Knee (Right) | |  | Leg – Knee (Left) | |
|  | Leg – Lower (Right) | |  | Leg – Lower (Left) | |
|  | Ankle (Right) | |  | Ankle (Left) | |
|  | Foot (Right) | |  | Foot (Left) | |
|  | Shoulder (Right) | |  | Shoulder (Left) | |
|  | Groin / Anus | |  | Other | |
| If other, describe | | |  | | |
| Please describe the injury / illness | | | | | |
|  | | | | | |
| What was the cause of this injury or illness? | | | | | |
|  | | | | | |

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|  | Eye Injury | |  | Burns | |
|  | Fracture | |  | Electrocution | |
|  | Fall | |  | Strain | |
|  | Dislocation | |  | Struck by Object | |
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|  | Ear | |  | Nose | |
|  | Throat | |  | Neck | |
|  | Back (Upper) | |  | Back (Lower) | |
|  | Arm – Upper (Right) | |  | Arm – Upper (Left) | |
|  | Arm – Elbow (Right) | |  | Arm – Elbow (Left) | |
|  | Arm – Forearm (Right) | |  | Arm – Forearm (Left) | |
|  | Wrist (Right) | |  | Wrist (Left) | |
|  | Hand (Right) | |  | Hand (Left) | |
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|  | Leg – Knee (Right) | |  | Leg – Knee (Left) | |
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|  | Foot (Right) | |  | Foot (Left) | |
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|  | Fracture | |  | Electrocution | |
|  | Fall | |  | Strain | |
|  | Dislocation | |  | Struck by Object | |
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|  | Muscle & tendon | |  | Nerve & Spinal Cord | |
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|  | Ear | |  | Nose | |
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| If other, describe | | |  | | |
| Please describe the injury / illness | | | | | |
|  | | | | | |
| What was the cause of this injury or illness? | | | | | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name | | |  | | |
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| What is this person’s relation to the incident? (Select all that apply) | | |  | Reporter of Incident | |
|  | Injured Person | |
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|  | Suspect | |
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| Please describe this person’s involvement with the incident, including all relevant information | | | | | |
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| Type of Injury or Illness (Select all that apply) | | | | | |
|  | Superficial | |  | Open Wound | |
|  | Fatality | |  | Concussion | |
|  | Sprain | |  | Respiratory | |
|  | Eye Injury | |  | Burns | |
|  | Fracture | |  | Electrocution | |
|  | Fall | |  | Strain | |
|  | Dislocation | |  | Struck by Object | |
|  | Entanglement | |  | Assault | |
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|  | Amputation | |  | Intracranial | |
|  | Other Injury | | If other, describe below | | |
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|  | General Ailment | |  | Head | |
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|  | Wrist (Right) | |  | Wrist (Left) | |
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|  | Foot (Right) | |  | Foot (Left) | |
|  | Shoulder (Right) | |  | Shoulder (Left) | |
|  | Groin / Anus | |  | Other | |
| If other, describe | | |  | | |
| Please describe the injury / illness | | | | | |
|  | | | | | |
| What was the cause of this injury or illness? | | | | | |
|  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Are Corrective/Further Actions Required with regard to this incident? |  | Further action/follow-up/investigation required? |  |

|  |  |
| --- | --- |
| Name |  |
| Date |  |

**ROOT CASE ANALYSIS**

|  |  |  |  |
| --- | --- | --- | --- |
| What were the contributing factors to this incident occurring? (Select all that apply) | | | |
|  | Equipment Defects |  | Unauthorised Equipment Use |
|  | Improper Equipment Use |  | Lack of Protective Safety Devices |
|  | Employee Operating at Inappropriate Speed |  | Equipment Used Outside Rated Capacity |
|  | Lack of PPE |  | Inappropriate PPE |
|  | Untidy Conditions |  | Safety Procedures Not Followed |
|  | Inadequate ventilation |  | Drugs or Alcohol |

A Root Cause Analysis (RCA) is the process of determining the cause of an incident. It requires consideration of all the factors that may have contributed to this incident occurring and deeply understanding the underlying cause. One tactic to determine this is through asking "Why?" five times, to uncover the core of a problem.

|  |  |  |  |
| --- | --- | --- | --- |
| Has the root cause of this issue been able to be identified? |  | Further action/follow-up/investigation required? |  |
| Describe your findings | | | |
|  | | | |

|  |  |
| --- | --- |
| Name |  |
| Date |  |