**Injury/Incident Report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART A – To be completed by person involved in the incident** | | | | | | | | | | | | | | | | |
| **Details of person that had the incident** | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | Address: | | | |  | | | | |
| Date of Birth: | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | | | | | |  | | | |  | | | | |
| □ Staff | | | | □ Contractor | | Contact Number: | | | | | | | |  | | |
| Role: | | |  | | | | | |  | | Sex: | | | □ Male / □ Female | | |
| **Incident Details** | | | | | | | | | | | | | | | | |
| Location: | | | | |  | | | | | | | | Date: | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |
| Area Within Location: | | | | |  | | | | | | | | Time: | | | am/pm |
| **Description of incident (include info on activity/task/procedures/equipment/PPE etc):** | | | | | | | | | | | | | | | | |
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| **Contributing factors/causes of incident:** | | | | | | | | | | | | | | | | |
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| **Witnesses or others involved (If any others were injured, complete separate Injury/Incident Report):** | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | Contact Details: | | | | |  | |
| Name: |  | | | | | | | | | Contact Details: | | | | |  | |
| **Details of incident notification:** | | | | | | | | | | | | | | | | |
| Reported To (name): | | | | |  | | | | | | | | Time: | | | am/pm |
| Reported by (name): | | | | |  | | | | | | | | Date: | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |
| **Signature of person that had the incident:** | | | | | | |  | | | | | | | | | |

**Note:** If more space is required, write details on separate page and attach to this form

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PART B – To be completed by Manhari Metals management** | | | | | | |
| **Summary of investigation:** | | | | | | |
| Investigator Name: |  | | Date: | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | |
| **Analysis of the causes of the incident:** | | | | | | |
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| **Interim Corrective Action taken (if Required):** | | | | | | |
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| **Corrective Actions Required:** | | | | | | |
| Action Item: | | By Whom: | | By When: | | Initial When Complete |
| 1. | |  | |  | |  |
|  | |
| 2. | |  | |  | |  |
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| 3. | |  | |  | |  |
|  | |
| 4. | |  | |  | |  |
|  | |
| **Management sign off:** | | | | | | |
| Investigator Signature: |  | | Date: | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | |
| **Director sign off:** | | | | | | |
| Director Signature: |  | | Date: | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | |

**Note:** If more space is required, write details on separate page and attach to this form