|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | ACCIDENT INCIDENT INVESTIGATION REPORT | | | | | | | | |
| Injured’s Name | | | | | Date of Birth | | | | |
| Section | | | | | Date of Incident | | Time of Incident | | |
| Occupation | | | | | Name of Witness | | | | |
| Nature of Injury | | | | | Injured Body Part | | | | |
| Object Inflicting Injury | | | | | Person with most control of inflicting object | | | | |
| RISK IDENTIFICATION Describe clearly how the incident occurred. | | | | | | | | | |
| RISK ASSESSMENT What human, machine, working conditions contributed to this incident? | | | | | | | | | |
| RISK EVALUATION - CONSEQUENCES  Circle **🕱** !!! !! ! | | | RISK EVALUATION – LIKELIHOOD  Circle ++ + - -- | | | LEVEL OF RISK  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | REMEDIAL PRIORITY \_\_\_\_\_ | |
|  | | | | | | | | | |
| RISK CONTROLS What action has or will be taken to prevent re-occurrence? þ Items completed. | | | | | | | | | |
| Investigated By    Title | | Date | | WorkCover Notified | | | | | Date |
| **USE REVERSE SIDE OF FORM FOR EYEWITNESS STATEMENTS, COMMENTS OR SKETCHES.** | | | | | | | | | |

**Accident/Incident Investigation & WorkCover Notification Details-** **Attachment 11**\