

# Incident Report and Investigation form

Please circle:            Accident / Injury            Incident            Hazard            Near Miss

## Incident Details

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Workplace/Site: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Incident:     /     /     Time: am / pm     Date Reported:     /     /     Time: am / pm

What Happened?

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Witness/s:

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1 - EMPLOYMENT DETAILS									
Basis of employment	<input type="checkbox"/> permanent	<input type="checkbox"/> casual	<input type="checkbox"/> contractor	<input type="checkbox"/> visitor					
How long at this job?	YEARS	MONTHS	WEEKS	DAYS					
Average No. of hours/days per week (e.g. 12 hrs/4 days)									
Shift:	<input type="checkbox"/> day	<input type="checkbox"/> afternoon	<input type="checkbox"/> night	Time started:	am/pm				
2 - INJURY DETAILS									
Nature of injury (e.g. cut, bruising, sprain)									
Body location of injury (e.g. shoulder, back)									
Injury treatment:	<input type="checkbox"/> no treatment	<input type="checkbox"/> first aid	<input type="checkbox"/> doctor	<input type="checkbox"/> hospital					
Treatment provided by:									
Is this a lost time injury? YES/NO					Is a workers compensation claim being made? YES/NO				
3 - ACCIDENT / INCIDENT INVESTIGATION (to be completed for all reported incidents)									
CONTRIBUTING FACTORS TO CONSIDER:									
PERSON	Y	N	NA	ENVIRONMENT	Y	N	NA		
Aware of the hazard				Adequate temperature conditions					
Suitable for the task				Adequate lighting					
Experienced at the task				Adequate working space					
Familiar with the work area				Clear floor and walkways					
Inducted to the site/task				Adequate housekeeping					
Using appropriate PPE				Safe noise level					

4 - JOB/TASK	Y	N	NA	EQUIPMENT	Y	N	NA
Was training provided				Correct equipment used			
Supervision provided				Equipment in correct location			
Job analysis performed				Equipment guarded			
Work procedures available				Preventative maintenance complete			
Task not modified/changed				Equipment working properly			
PPE provided				Equipment had not been modified			

Other contributing factors?

5 - DESCRIBE THE INCIDENT/DETAIL WHAT HAPPENED  
 Include area and task, equipment, tools and people involved

6 - POSSIBLE SOLUTIONS/HOW TO PREVENT RECURRENCE  
 Do you have any suggestions for fixing the problem or preventing a repeat

7 - RESULTS OF INVESTIGATION  
 Determine whether the hazard is likely to cause an injury and explain what factors caused the event

8 - RECOMMENDATIONS		
Can the risk be eliminated? (circle Y or N)	Y	N
Why or How?		
Can equipment or materials be substituted? (circle Y or N)	Y	N
Why or How?		
Can engineering solutions be adopted? (circle Y or N)	Y	N
Why or How?		
Can administrative controls be developed? (circle Y or N)	Y	N
Why or How?		
Is PPE required? (circle Y or N)	Y	N
Type:		
ACTION PLAN Recommended Actions	Implementation Date	Responsibility
COMPLETION/SIGNATURE		
<div style="display: flex; justify-content: space-between;"> <span>Responsible Officer :</span> <span>Signature:</span> <span>Date:    /    /</span> </div>		