

INCIDENT INVESTIGATION FORM



DATE OF INCIDENT:

PLACE: TIME:

SERIOUS HARM? REPORT SERIOUS HARM TO OSH YES NO

INJURED PERSON(S):

DAMAGED PROPERTY YES NO NEAR MISS? YES NO

DESCRIPTION:	DESCRIPTION:

HEALTH MONITORING
 Does the nature of this incident or injury warrant post-event health monitoring to monitor the short, medium or long-term effects of this incident/accident on all staff involved (not only injured staff)? YES NO
 If yes, ensure this health monitoring is undertaken.

DESCRIPTION OF WHAT HAPPENED:

INFORMATION COLLECTION.
 List all the information available about the incident. Use additional pages if required.

Factual/Documented information	Testimony of witnesses	Scene/Environment inspection

LIST ALL THE CAUSES AND CONTRIBUTING FACTORS TO THIS INCIDENT.
 Consider the culture, systems, task and actual event. Analyse these and list all the hazards that contributed to the incident.

Causes and contributing factors:	Hazards involved:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

INCIDENT INVESTIGATION FORM CONT....



WAS THE INCIDENT OR INJURY CAUSED BY:

Could be both known and new hazards.

- Known hazards already listed on the hazard register?
- Previously unknown/new hazards not listed in the hazard register?

YES NO
 YES NO

If known hazards, did any of the current controls fail and how can the current controls be improved to eliminate, isolate or minimise the hazard? Update the hazard register accordingly.

- 1.
- 2.
- 3.
- 4.
- 5.

If new hazards, ensure the hazards involved in this incident or injury are fully identified and analysed and proper controls developed to control the hazards. Give a short description of new hazards identified and controls. Update the hazard register.

Hazard	Significant?	E/I/M?	Control
1.			
2.			
3.			
4.			
5.			
6.			

FOLLOW-UP: What follow-up is required to ensure that all practicable steps are now taken to control the identified hazards and that the effects on the health of injured persons and staff in general are properly monitored?

- 1.
- 2.
- 3.
- 4.
- 5.

REVIEW: This analysis and action plan has been reviewed and approved by me, and I accept responsibility for follow-up to completion.

Signed

Position