



INCIDENT INVESTIGATION REPORT

This form should be completed following a workplace incident. Where a notifiable incident occurs, legal advice should be obtained. The objective of the review is to ensure that all relevant control measures are effectively reviewed and revised as necessary.

Details of the incident

Site and area where incident occurred:

Date of incident: _____ Time of incident: _____ am/pm _____

Incident site preserved/undisturbed (exemptions apply): Yes No

Details of the review

Date of report:

Name of person making the report: _____ Signature: _____

Nature of the review: Fatality Property Damage Injury/Illness including psychosocial Near miss

Person/s conducting the review

Name: _____ Contact number: _____ Signature: _____

Name: _____ Contact number: _____ Signature: _____

Persons involved in the incident

Name _____ **Position/company** _____ **Contact number** _____

Witness details

Name _____ **Position/company** _____ **Contact number** _____

Sequence of events

Include who was involved, what happened leading up to the incident, where and when did it happened?

1.

Impacting factors

Consider all factors taking place prior and at time of the incident. Consider the following: people e.g. were workers trained or supervised, what environmental conditions were present e.g. weather, visibility, noise, lighting, what hazards were identified with the activity (if any) e.g. were plant and equipment fit for purpose, processes and procedures e.g. were safe work procedures or equivalent available and followed, workplace culture e.g. what is the level of engagement in the organisation?

1.
2.
3.
4.

Annexures supporting the report

E.g. statements, witness reports, risk assessments, etc. Ensure all disturbing photographs and/or videos are sealed with appropriate warning to prevent unintentional exposure

1.
2.
3.
4.
5.

Recommended corrective/preventative actions

E.g. new equipment, re-engineer, redesign work area, review training standards, etc.

1.
2.
3.
4.
5.

Manager agreed corrective/preventative actions to be implemented

Item	Action taken	Responsible person	Target date	Completed	
1				<input type="checkbox"/> Yes	<input type="checkbox"/> No
2				<input type="checkbox"/> Yes	<input type="checkbox"/> No
3				<input type="checkbox"/> Yes	<input type="checkbox"/> No



Follow up

Date for review of corrective/preventative actions:

Name of person reviewing actions:

Date corrective actions reviewed:

Copies of this report have been sent to

Date sent

Sent to

Administration

File completed? Yes No Date:

Further action required? Yes No Date:

Details of further action:
