



**Incident Investigation
Hinds Safety Form**

Doc. #:	HS-14-F-017
Issue Date:	05-Mar-2018
Rev. Date:	30-Mar-2019
Rev.#	01

SECTION 1 Incident Details

Project name:		Project number:	
Company Involved:		Date of incident:	
Project Supervisor:		Time of incident:	
Employee Supervisor:		Date of reported:	
Employee Foreman:		Trade/Craft:	
Specific Location of incident:			
Ambulance #:		Police officer:	
		OHS/Worksafe officer:	

Persons involved or witnesses

	10.3.2- Witness Statement attached	<input type="checkbox"/>
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<u>Incident Severity</u>			<u>Incident type</u>			
<input type="checkbox"/>	Environmental	(complete form 7.2.3)	<input type="checkbox"/>	Amputation	<input type="checkbox"/>	Property damage
<input type="checkbox"/>	First Aid	(complete entire form)	<input type="checkbox"/>	Bumped into	<input type="checkbox"/>	Puncture
<input type="checkbox"/>	Lost time incident	(complete entire form)	<input type="checkbox"/>	Burn	<input type="checkbox"/>	Scratch
<input type="checkbox"/>	Medical Aid	(complete entire form)	<input type="checkbox"/>	Crush/pinch	<input type="checkbox"/>	Slip/trip
<input type="checkbox"/>	Modified work	(complete entire form)	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Strain/sprain
<input type="checkbox"/>	Near miss (HIGH)	(complete entire form)	<input type="checkbox"/>	Falling material	<input type="checkbox"/>	Hit by
<input type="checkbox"/>	Property damage	(complete entire form)	<input type="checkbox"/>	Falls	<input type="checkbox"/>	Laceration
			<input type="checkbox"/>	Fatality	<input type="checkbox"/>	Asbestos
			<input type="checkbox"/>	Other:		

<u>Potential Severity</u>			<u>Probability of Recurrence</u>		
<input type="checkbox"/>	High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low
<input type="checkbox"/>	High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low

Description of Incident



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SECTION 2 Injury details

Name of injured employee:		Hire/start date:	
Occupation:		Trade level:	
Years of experience:			
Body part injured	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both		
<input type="checkbox"/> Head/face/ear	<input type="checkbox"/> Eye	<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Wrist	<input type="checkbox"/> Hand/finger	<input type="checkbox"/> Torso	<input type="checkbox"/> Back
<input type="checkbox"/> Leg/knee	<input type="checkbox"/> Ankle	<input type="checkbox"/> Foot	<input type="checkbox"/> Multiple

SECTION 3 Property Loss or Damage

SECTION 4 Incident Causation & Prevention

Identify immediate/direct cause (check all that apply and explain below)

Substandard Acts		Substandard Conditions	
<input type="checkbox"/> Operating equip. without authority	<input type="checkbox"/> Servicing equip. in operation	<input type="checkbox"/> Defective tools, equip. or materials	<input type="checkbox"/> Inadequate guards or barriers
<input type="checkbox"/> Failure to use PPE	<input type="checkbox"/> Improper loading	<input type="checkbox"/> Restricted area	<input type="checkbox"/> Inadequate ventilation
<input type="checkbox"/> Operating at inappropriate speed	<input type="checkbox"/> Improper placement	<input type="checkbox"/> Inadequate warning system	<input type="checkbox"/> Adverse weather
<input type="checkbox"/> Failure to follow procedures	<input type="checkbox"/> Improper lifting	<input type="checkbox"/> Fire/explosion hazard	<input type="checkbox"/> Noise exposures
<input type="checkbox"/> Using equipment improperly	<input type="checkbox"/> Improper position	<input type="checkbox"/> Hazardous environment	<input type="checkbox"/> Poor housekeeping
<input type="checkbox"/> Using defective tools	<input type="checkbox"/> Horseplay	<input type="checkbox"/> Poor or excess lighting	<input type="checkbox"/> Radiation exposure
<input type="checkbox"/> Making safety devices inoperable	<input type="checkbox"/> Failure to warn	<input type="checkbox"/> High/low temperature	<input type="checkbox"/> Inadequate or improper PPE
<input type="checkbox"/> Other	<input type="checkbox"/> Failure to secure	<input type="checkbox"/> Other	

Explain:



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Identify basic/root causes (check all that apply and explain below)

Personal Factors		Job/System Factors					
<input type="checkbox"/>	Lack of knowledge	<input type="checkbox"/>	Lack of experience	<input type="checkbox"/>	Inadequate engineering	<input type="checkbox"/>	Inadequate standards
<input type="checkbox"/>	Improper motivation	<input type="checkbox"/>	Inadequate orientation	<input type="checkbox"/>	Inadequate purchasing	<input type="checkbox"/>	Excessive wear & tear
<input type="checkbox"/>	Physical stress	<input type="checkbox"/>	Inadequate training	<input type="checkbox"/>	Inadequate maintenance	<input type="checkbox"/>	Inadequate communication
<input type="checkbox"/>	Lack of skill	<input type="checkbox"/>	Abuse or misuse of tools / equipment	<input type="checkbox"/>	Inadequate leadership / supervision	<input type="checkbox"/>	Inadequate tools/equip
<input type="checkbox"/>	Other			<input type="checkbox"/>	Other		

Explain:

Section 5 List of Attachments (check all that apply)

<input type="checkbox"/>	Field level hazard assessment	<input type="checkbox"/>	Photos	<input type="checkbox"/>	Job procedures / practices
<input type="checkbox"/>	Sign in sheets	<input type="checkbox"/>	Tool / equipment inspection reports	<input type="checkbox"/>	Worker orientation
<input type="checkbox"/>	Maintenance logs	<input type="checkbox"/>	Subcontractor report	<input type="checkbox"/>	WCB / WHSCC Report
<input type="checkbox"/>	Training records	<input type="checkbox"/>	Client report	<input type="checkbox"/>	Regulatory orders
<input type="checkbox"/>	Diagrams / sketches / blueprints	<input type="checkbox"/>	Permits	<input type="checkbox"/>	Other

Comments:



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SECTION 6 Corrective Actions

<u>Corrective actions / controls</u>	<u>Assigned to</u>	<u>Date Assigned</u>	<u>Date completed</u>

SECTION 7 Sign Off (for all incidents)

Investigator:			Date:	
	Name	Signature	Time:	
Company:			Position:	
Hinds Safety Management Review and Sign Off				
HSE Advisor:			Date:	
	Print Name	Signature		
General Manager:			Date:	
	Print Name	Signature		
Director:			Date:	
	Print Name	Signature		

**Cc
General Manager
Director**