| **General** |
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| **Date of investigation:** / / | **reference number (attach hardcopy of report):** |
| **Date of incident/near miss occurrence:** / / |
| **Area where incident/ near miss occurred:** |
| **Has a similar incident/near miss occurred previously (circle):** | Yes No |
| **Was it a notifiable Incident (refer to WorkSafe Notifiable Incident Flowchart):** | Yes No |
| **Was WorkSafe Notified:** | Yes No |
| **Were any WorkSafe Notices Issued:** | Yes No | **Number of Notices:** |  |
| **Type of WorkSafe Notice** | Prohibition | Improvement Notice |
| **WorkSafe Notice Reference Number(s)** |  | **Compliance Date:** |
|  | **Compliance Date:** |
|  | **Compliance Date:** |
| **Investigation team** |
| **Workplace Manager (investigation lead):** |  |
| **Management WHS Nominee:** |  |
| **Health and Safety Representative:** |  |
| **Other:** |  |
| **Other:** |  |
| **Other:** |  |
| **Witness details** |
| **Name:** | **Position:** | **Contact Details:****Telephone:****Email:**  |
| **Name:** | **Position:** | **Contact Details:****Telephone:****Email:**  |
| **Description of event** |
| **Who was involved (please circle):** | Employee  | Student | Volunteer  | Visitor | Contractor | Member of public |
| **Summary of Incident** |
| Briefly describe what happened at the time of the incident/near miss. What were the causes/contributing factors? It might be useful to consider the following:* Design of equipment/workplace (e.g. defective or unsuitable equipment, workplace layout)
* Environment (e.g. lighting, ventilation, noise, temperature)
* Human (e.g. fatigue, lack of understanding)
* Work methods and systems (e.g. training, unclear work procedures, the flow of information)

*Are there any relevant photos?* |
| **Causes/contributing factors** |
| * Design of equipment/workplace (e.g. defective or unsuitable equipment, workplace layout)
* Environment (e.g. lighting, ventilation, noise, temperature)
* Human (e.g. fatigue, lack of understanding)
* Work methods and systems (e.g. training, unclear work procedures, flow of information)
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| **Controls immediately implemented** |
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| **Other observation/comments** |
|  |
| **Investigation recommendations** |
| **Recommendations** | **Responsible person(s)** | **Due Date** |
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