



INCIDENT REPORT

- Supervisors, HSEQ Coordinators or treating First Aiders must complete this form for every Lost Time Incident or an incident, which has occurred and deemed to have a risk potential.
- All incident reports must be forwarded to the Manager of the department where the incident happened within 24 Hours of the incident occurring.

Details of the person directly involved in the incident.

Name:		Department /Place :	
Date:	/ /	Time of incident:	: AM PM
Position:		Supervisors name:	

Please tick Multiple boxes where appropriate

Class of Incident		Injury sustained to			Type of Injury		
<input type="checkbox"/>	Near Miss	<input type="checkbox"/>	Head	•	Arm	<input type="checkbox"/>	Cuts or Abrasions
<input type="checkbox"/>	First Aid	<input type="checkbox"/>	Neck	•	Hand	<input type="checkbox"/>	Breaks or Fractures
<input type="checkbox"/>	Medical Treatment	<input type="checkbox"/>	Back	•	Leg	<input type="checkbox"/>	Sprains or Strains
<input type="checkbox"/>	Lost time	<input type="checkbox"/>	Body	•	Foot	<input type="checkbox"/>	Amputation or Crush
<input type="checkbox"/>	System Non Conformance	<input type="checkbox"/>	Property Damage		<input type="checkbox"/>	Burns/flash or scalds	
<input type="checkbox"/>	Other:						

Describe Incident / Injury

.....

Ask the injured person to describe how the incident happened in their own words

.....

Treatment or action taken

.....

Supervisors, HSEQ Coordinators or first Aiders details.

Name	Department	Position	Contact

Witnesses details.

Name	Department	Position	Contact

Managers details.

Name	Department	Contact	Date Received
			/ /

INVESTIGATION REPORT

NATURE OF INCIDENT:
PART OF BODY INJURED:
WHAT WAS DAMAGED:
NATURE OF DAMAGE:

OBJECT / EQUIPMENT / SUBSTANCE THAT INFLICTED INJURY / DAMAGE:
WHO HAD CONTROL / THESE:
<p>FROM YOUR INVESTIGATION STATE CLEARLY HOW THE INCIDENT OCCURRED (ROOT CAUSE):</p> <p>Procedures (followed / Not followed / Not written):</p> <p>Training (Conducted / Not conducted / Not adequate):</p> <p>Equipment (Maintained / Not maintained / Not guarded):</p> <p>Work Environment (conditions busy / hot / cold / wet / poor housekeeping)</p>
WHAT CONTRIBUTED TO THIS INCIDENT:

PREVENTION / CORRECTIVE ACTION

WHAT ACTION HAS / WILL BE TAKEN TO PREVENT RECURRENCE:		
STATE AND NUMBER EACH ACTION:	WHO IS RESPONSIBLE:	TARGET DATE
1.		
2.		
3.		
4.		
INVESTIGATED BY: DATE: / /		
PREVENTIVE ACTION TAKEN AND COMPLETED - SIGNED:		
REVIEW BY:	MANAGEMENT:	FACILITATOR: