

INCIDENT REPORTING & INVESTIGATION PROCEDURE

INCIDENT REPORT FORM

This form must be completed for all types of incidents by the Manager or Supervisor and the employee involved

1. GENERAL DETAILS

Location: Name:
 Division: Date of Birth: ____/____/____ Age:yrs Sex M ☐ F ☐
Employment Category: Full Time: ☐ Part Time: ☐
 Casual: ☐ Temporary: ☐ Sub-Contractor: ☐ Occupation:
 Date Employed: ____/____/____

2. INCIDENT TYPE

Lost Time Injury: ☐ Medical Treatment Injury: ☐ First Aid Treatment Injury: ☐ Damage: ☐ Near Hit: ☐ Other: ☐

3. INCIDENT DETAILS

Day of Incident: Date: ____/____/____ Time: _____ AM/PM **Shift:** Day: ☐ Afternoon: ☐ Night: ☐

When was the incident first reported? Date: ____/____/____ Time: _____ AM/PM

To whom was the incident reported? Name/Title:

Was the person: On Duty? ☐ On Duty and in a Road Traffic Accident? ☐ On a Work Break? ☐ To or From Work? ☐

Doing Something Else? ☐ Please specify:

Was the person working alone? YES: ☐ NO: ☐ If no, gives names of co-workers:

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Was the person directly supervised at the time of the incident? YES: ☐ NO: ☐

If yes, Supervisors Name:.....

If no, was the person: Indirectly Supervised: ☐ Not being supervised: ☐

4. DESCRIPTION OF INCIDENT (ATTACH DIAGRAMS, SKETCHES OR PHOTOGRAPHS IF NECESSARY)

A) Where did the Incident occur? B) What was the person doing at this time? C) What happened unexpectedly?
D) How was the injury or disease sustained? E) What was the quick fix?

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Employee Signature: Date: ____ / ____ / ____

Type of injury/disease:

Bodily location of injury:

5. TREATMENT GIVEN

None Required: ☐ Doctor: ☐ Hospital: ☐ First Aid: ☐ First Aider's Name:

Details of First Aid Given:

Alternative Duties Required: YES: ☐ NO: ☐ Approved By:

Workers Compensation Form Required: YES: ☐ NO: ☐

Rehabilitation Required: YES: ☐ NO: ☐

6. DETAILS OF PLANT/EQUIPMENT BEING USED (IF INVOLVED IN INCIDENT)

Make: Type:

Description of Equipment involvement

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Details of Plant and Equipment

Item	Serial Number	Make	Model	In service
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7. SUPERVISOR IN CHARGE OF WORKERS

Supervisor's Name:

Were instructions given to employee/s prior to the incident? YES: ☐ NO: ☐

If "YES", how? Written: ☐ Verbal: ☐ If "NO", give explanation:

Did employee/s deviate from instructions YES: ☐ NO: ☐ If "YES", how?

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What were you doing and what was your location at the time of the incident?

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Other relevant information including any immediate corrective action taken:

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Supervisors Signature: Date: ____/____/____

8. CONTRIBUTING FACTOR IDENTIFICATION GUIDE

An answer within a circle is considered a contributing factor.

1 Equipment/Environment		YES	NO	2 Work Systems/Procedures		YES	NO
1.1	Did any fault in equipment/tool/work area contribute to incident?	☐	☐	2.1	Were there written procedures for this task?	☐	☐
1.2	Did the design/quality of the equipment tool/work area contribute to the incident?	☐	☐	2.2	Were there known procedures for this task?	☐	☐
1.3	Did the location/position of the equipment /tool/ work area contribute to the incident?	☐	☐	2.3	Did the written/known procedure/s anticipate the factors which led to the incident?	☐	☐
1.4	Has the hazardous condition been recognised previously? (e.g. Incident Report)	☐	☐	2.4	Were the procedures complied with?	☐	☐
1.5	Was there an inspection system to detect hazardous conditions?	☐	☐	2.5	Had employee/s been instructed/trained in the job procedure/s clearly?	☐	☐
1.6	Did the existing inspection system detect a hazardous condition?	☐	☐	2.6	Had employee/s been deemed competent and understood the job procedure/s?	☐	☐
1.7	Were employee/s informed/aware of the hazardous condition?	☐	☐	2.7	Did employee/s deviate from written/known procedures?	☐	☐
1.8	Was there an acceptable standard of housekeeping in the area?	☐	☐	2.8	Was there a history of a previous incident when carrying out this job in the past?	☐	☐
1.9	Was there appropriate protective equipment for the job? (e.g. signs, lights, barricades)	☐	☐	2.9	Had employee/s been made aware of any previous incident?	☐	☐
1.10	Did employee know protective equipment was required?	☐	☐	2.10	Were safe working systems observed? (e.g. isolation procedures)	☐	☐
1.11	Was the correct equipment/tools used for the task?	☐	☐	2.11	List any other contributing factors....	☐	
1.12	Was there adequate means of access?	☐	☐	3 Human/Personal Protective Equipment		YES	NO
1.13	Was there equipment working within its limitations	☐	☐	3.1	Were the actions of other person/s contributory?	☐	☐
1.14	Was there good visibility?	☐	☐	3.2	Was employee/s physically capable of doing the task? (e.g. good health, no disability, recovering from illness)	☐	☐
1.15	Was there adequate lighting?	☐	☐	3.3	Any known personal problems that could have affected employee/s actions? (e.g. stress, disagreement with co-workers, domestic)	☐	☐
1.16	Was the equipment in a safe condition?	☐	☐	3.4	Was appropriate Personal Protective Equipment (PPE) specified for the task? (e.g. respiratory, gloves, goggles)	☐	☐
1.17	Were the roads in good condition?	☐	☐	3.5	Did employee/s know that wearing specified PPE was required?	☐	☐
1.18	Was it inclement weather?	☐	☐	3.6	Was PPE adequate for the job?	☐	☐
1.19	Was worn, slippery or uneven footing present?	☐	☐	3.7	Was employee/s wearing specified PPE?	☐	☐
1.20	Were any safety devices inoperative at time of incident?	☐	☐	3.8	Was there frequent Supervisor/employee/s contact to discuss/review hazards and job procedures? (e.g. safety meetings, daily pre-shift meetings.	☐	☐
1.21	List any other contributing factor in Section 10....	☐		3.9	List other contributing factors.....	☐	

9. ANALYSIS: WHAT CONTRIBUTED TO THE INCIDENT (ADD ADDITIONAL SHEETS IF REQUIRED)

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10. WHAT LONG TERM ACTION WILL BE TAKEN TO PREVENT A RECURRENCE?

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Employee Signature: **Date:** ____/____/____

Accident Investigated by:..... **Date:** ____/____/____

Managers Signature: **Date:** ____/____/____