



OHS Incident Investigation Form

(Has an Incident/Accident Report Form been completed?)

Particulars of person/s involved

The incident caused – Death: Serious personal injury: Dangerous occurrence: Incapacity:

Date and time of Incident: Date: __ / __ / __ Time: am/pm

Name of person/s injured: _____

Others involved, or witnesses to the incident:

Name: _____ Telephone: _____ Witness – Yes No

Name: _____ Telephone: _____ Witness – Yes No

Incident Details

(Complete the details below or attach a copy of the Incident Report Form. Also attach any photographs, diagrams of the incident scene, or other relevant documents)

Description of what happened, including the task/s being performed:

Where did it occur? _____

What caused the incident? _____

What happened after it occurred? _____

Any other details? _____

Identify possible contributing factors

Risk Assessment	Yes	No	N/A	Comment
Had risk assessment been conducted for the task?				
Were risk controls in place?				
Were Standard Operating procedures available?				
Were Standard Operating procedures followed?				
Did other guidelines or policies apply?				
Plant (machinery, equipment and tools)				Comment
Was appropriate plant available for the task?				
Was the plant used according to operating instructions?				
Had a plant hazard checklist been completed?				
Was the plant in good working order?				
Was operator certified to use the plant?				
Competency				Comment
Was a lack of knowledge or skills apparent?				
Was the person suitably experienced in the task?				
Had appropriate training been provided?				
Personal Protective Equipment (PPE)				Comment
Was PPE required for the task?				
Was PPE used appropriately?				
Was the PPE in good condition/available?				
Environmental Factors				Comment
Were climate conditions a factor?				
Was poor housekeeping a factor?				
Were any other environmental factors apparent (noise, lighting)?				

What other factors can you identify that may have contributed to the incident?

Given the cause and any contributory factors, what action is recommended to avoid any future incidents

Recommended Action	By Whom	By When
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Other Comments:

Investigation Conducted By:

Name: _____ Signature: _____ Date: _____
Name: _____ Signature: _____ Date: _____

Senior Management Endorsement

- I agree with the recommendations above, and will ensure they are implemented.
- I agree with the recommendations above, and will ensure they are implemented with the following variations (add comments)
- I disagree with the recommendations but will take the following action (add comments)

Comments:

Name: _____ Title: _____
Signature: _____ Date: _____

Human Resources Use Only

	Yes	No
Has incident been reported to comcare?		
Comcare Incident Notification No: _____		
Has incident been recorded on database?		
Claim forms received?		
Copy of report sent to relevant contacts in the work area where the incident occurred?		

Signature of national OHS Officer _____