Accident/Incident Investigation Form

The following information should be obtained from as many sources as possible, including interviews with injured person(s), witnesses, supervisors, other workers familiar with the area or the job. The investigation should also look at health and safety records such as previous accident/incident reports, first aid reports, SDSs, risk assessments and the minutes of the health and safety committee.

An accident investigation is not a breach of privacy – but do not include any personal details of the injured worker and do not use for any other purpose than accident investigation.

Name of HSR (investigator): …….

Reference number: ……. Date of report: ……...

Name of employer: …….

Employers address: …….

…….

Name of injured worker: ……

Approximate length of service: ……

Approximate length of time in role where injury was sustained: …….

Section where incident occurred: ……..

Date: ……. Time: …… Location: ……..

Details of Accident/Incident (facts only):

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……

(If you require more space add details as an appendix)

Injured workers account of the incident, possible causes and suggestions for prevention attached as an appendix: Yes ☐ No ☐

Witnesses' account of the incident, possible causes and suggestions for prevention attached as an appendix: Yes ☐ No ☐

Photos and sketches attached as an appendix: Yes ☐ No ☐

How many hours worked in previous 24 hour period?: ……

Time into shift of incident: …….

Shift length: …… Shift pattern: ……

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Was the injured worker working overtime at the time of the incident?

Yes ☐ No ☐

TREATMENT

None required	☐
First-aid	☐
Advised to see GP	☐
Admitted to hospital	☐

IMPACT (injury type)

Abrasion	☐	Amputation	☐
Bruise	☐	Burn/scald	☐
Crush/internal injury	☐	Physiological	☐
Fracture/dislocation	☐	Laceration	☐
Pain	☐	Puncture	☐
Sprain/strain	☐	Swelling	☐

Other: ……

Did/could the accident/incident result in significant injury (i.e. unable to return to pre-injury duties within 7 calendar days)?

Yes ☐ No ☐

PLANT AND MACHINERY

Was plant or machinery involved?

Yes ☐ No ☐

If yes, description (make and model)

……

Any defects present?

Yes ☐ No ☐

If yes, details ……

Were safety devices/guards in place?

Yes ☐ No ☐

Was there a working emergency shut-off?

Yes ☐ No ☐

Were they fit for purpose?

Yes ☐ No ☐

Was the equipment involved designed for the purpose?

Yes ☐ No ☐

Date of last test/maintenance inspection: ……

HAZARDOUS SUBSTANCES

Were any hazardous substances involved?

Yes ☐ No ☐

If yes, details ……

Have safety data sheets been provided?

Yes ☐ No ☐

RISK ASSESSMENT

Is there a risk assessment and documented safe working procedure for the task been done when the injury occurred? Yes ☐ No ☐

Are control measures identified by the assessment suitable? Yes ☐ No ☐

If no, details

……

Was there adequate supervision?

Yes ☐ No ☐

Have adequate control measures been implemented post-incident?

Yes ☐ No ☐

If no, details

……

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SAFETY INSPECTIONS

Has the workplace been subject to safety inspections? Yes ☐ No ☐

If yes, date of last inspection ……

Details of unresolved efficiencies

……

……

HAZARD REPORTS

Have hazards relating to the task/workplace been reported: -

(a) Verbally: Yes ☐ No ☐ N/A ☐

(b) In writing: Yes ☐ No ☐ N/A ☐

(c) To Management: Yes ☐ No ☐ N/A ☐

Was action taken to remedy the hazards? Yes ☐ No ☐

If yes, details

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……

Details of any remaining deficiencies:

……

……

Have there been previous similar accidents/incidents? Yes ☐ No ☐

If yes, details

……

……

WORKING ENVIRONMENT

Were any of the following factors present or exist?

Floors

Uneven	Yes ☐	No ☐
Slippery	Yes ☐	No ☐
Messy	Yes ☐	No ☐

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Lighting

Poor	Yes ☐	No ☐
Too bright	Yes ☐	No ☐

Temperature

Too cold	Yes ☐	No ☐
Too hot	Yes ☐	No ☐

Noise Levels

Excessive	Yes ☐	No ☐

Working Space

Restricted	Yes ☐	No ☐
Dusty	Yes ☐	No ☐
Fumes	Yes ☐	No ☐

COMMENTS/ CONCLUSIONS

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RECOMMENDATION(S)

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Investigated by …… (Signatures)

Date ……