



## INCIDENT INVESTIGATION REPORT

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*This form should be completed following a serious or dangerous incident being reported. The objective of an incident investigation is to ensure that all the relevant facts are obtained to help decide upon the appropriate corrective actions required. It is not intended to apportion blame for the incident. This report does not replace the Hazard and Incident Report Form itself.*

### Incident details

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Location site:

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Location department:

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Location section/building:

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Date of incident:

Time of incident:

am/pm

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Description of Incident:

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### Investigation details

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Date of investigation:

Time of investigation:

am/pm

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Nature of investigation:

Fatality

Damage

Injury

Near Hit

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### Person/s conducting investigation

Name:

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Contact:

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Name:

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Contact:

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Name:

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Contact:

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### Name of persons involved in the incident

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**Name**

**Position/company**

**Contact details (phone)**

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**Witness details**

Name	Position/company	Contact details (phone)

**Sequence of events that led up to the incident**

- 1
- 2
- 3
- 4
- 5

**Other contributing factors**

Summary of conditions at the time of the incident, eg *weather, visibility, noise, lighting etc.*

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Summary of variations from standard operating procedures

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Summary of identified deficiencies that may have contributed

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**Actions taken at time of incident**

*Refer to the Hazard and Incident Report form eg render the area safe, first aid provided to injured person*

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**Annexures supporting this report**

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*Eg photographs, statements, witness reports, risk assessments, SWMS, etc.*

1

2

3

4

5

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**Recommended corrective actions**

1

2

3

4

5

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**Manager agreed corrective actions**

Item	Responsibility	Target date	Completed
1		... / ... / .....	<input type="radio"/> Yes <input type="radio"/> No
2		... / ... / .....	<input type="radio"/> Yes <input type="radio"/> No
3		... / ... / .....	<input type="radio"/> Yes <input type="radio"/> No
4		... / ... / .....	<input type="radio"/> Yes <input type="radio"/> No
5		... / ... / .....	<input type="radio"/> Yes <input type="radio"/> No

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**Person responsible for implementing corrective actions**

Name:

Title:

Telephone number (landline):

Telephone number (mobile):

Email:

### Follow up

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Date for review of corrective actions:

Name of person reviewing actions:

Date corrective actions reviewed:

Does the register of injuries record coincide?  Yes  No

If it is a notifiable incident has the regulator has been notified?  Yes  No

### Workers Compensation (WC)

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Has the WC insurer been notified of the incident?  Yes  No

Has a claim form been provided to the injured worker?  Yes  No

Has the claim form been submitted to the WC insurer?  Yes  No

Is an injury management plan drafted?  Yes  No

Is a return to work plan in place?  Yes  No

### Copies of this report have been sent to

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Date sent	Sent to
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... / ... / .....

... / ... / .....

... / ... / .....

### Administration

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File completed?  Yes  No Date:

Further action required?  Yes  No Date:

Details of further action:

### Signatures

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**Investigation  
representative**

**Manager**

**Person making the  
report**

**Witness**