

Accident/Incident Investigation Form

Date of accident/incident:

Time:

LOCATION:

PERSONS INJURED/INVOLVED? State who was involved including details of their occupation and experience.

EQUIPMENT/MATERIALS INVOLVED?

TYPE OF INJURY For "near miss" incidents note the likely injury that could have been sustained.

HOW DID THE ACCIDENT HAPPEN? Describe what happened, emergency action taken. List all persons present, equipment/materials, work practice, environmental factors (eg weather). Attach statements from witnesses.

WAS THE ACCIDENT THE RESULT OF A **SIGNIFICANT HAZARD**? Establish the root cause of the accident and assess if it arose from a significant hazard.

IS IT LIKELY TO HAPPEN AGAIN?

REMEDIAL ACTION REQUIRED	Responsible Person	Completion Date
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REMEDIAL ACTION COMPLETE AND EFFECTIVE? YES/NO

IF NO. WHAT FURTHER ACTION IS REQUIRED TO EFFECT A REMEDY?

Signed:

Position:

Date: