



Workplace Accident / Incident Investigation - Template

Details

Company Name

Date and time of Incident:

Type of Incident:

ILL-HEALTH	<input type="checkbox"/>	MINOR INJURY	<input type="checkbox"/>
NEAR MISS	<input type="checkbox"/>	SERIOUS INJURY	<input type="checkbox"/>

Description of what happened

Write down what happened, where it happened and who it happened to.



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Witness information

Include all those with relevant information (whether present or not).

Include information from the person who was injured.

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Workplace conditions

Plant equipment condition

Working method used

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Training / supervision / experience

Other factors, including personal protective equipment

Analysis and outcome

What was the immediate cause?



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What were the underlying causes or contributing factors?

What action is required to prevent similar occurrences?

Include by whom and by when.

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