



# **Apply Health and Safety to a Work Area**

## **Handout 5**

### **Incident Investigation Form**

## INCIDENT INVESTIGATION

<b>DATE OF INCIDENT</b>		<b>TIME OF INCIDENT</b>	
<b>LOCATION</b>		<b>INJURY SUSTAINED</b>	
<b>DESCRIPTION OF INCIDENT / NEAR MISS</b>			
<b>PERSON CATEGORY -(MARK WITH X)</b>			
<b>PERSONNEL</b>		<b>LABOUR HIRE</b>	
		<b>CONTRACTOR</b>	
		<b>VISITOR</b>	
<b>NAMES(S) OF PERSON(S) EQUIPMENT INVOLVED</b>			
<b>NAME &amp; SURNAME</b>	<b>CONTROL NO.</b>	<b>EQUIPMENT NAME &amp; NO.</b>	<b>CONTACT NUMBER</b>
<b>REGULAR OCCUPATION</b>	<b>PERIOD IN CURRENT JOB</b>	<b>YEARS IN COMPANY SERVICE</b>	<b>ID NUMBER</b>
<b>NAMES(S) OF WITNESSES</b>			
<b>NAME &amp; SURNAME</b>	<b>CONTROL NO.</b>	<b>EQUIPMENT NAME &amp; NO.</b>	<b>CONTACT NUMBER</b>
<b>NAME OF SUPERVISOR</b>			
<b>NAME &amp; SURNAME</b>	<b>CONTROL NO.</b>	<b>ID NUMBER</b>	<b>CONTACT NUMBER</b>

INCIDENT TYPE (MARK WITH X)											
FATALITY					SECURITY (THEFT/CRIME)						
LOSS OF WORK DAY CASES					DAMAGE TO EQUIPMENT/VEHICLE						
RECORDABLE CASES					NEAR MISS						
FIRST AID					LEGAL NON-COMPLIANCE						
INJURY					FIRE / EXPLOSION						
ENVIRONMENTAL DAMAGE					UNSAFE WORK PERFORMED						
COMPLAINT / UNDESIRE ATTITUDE					OTHER:						
INCIDENT CLASSIFICATION											
SAFETY				HEALTH				ENVIRONMENT			
								COMBINATION		VEHICLE	
WAS THE INCIDENT/ACCIDENT REPORTED TO SAPS				Yes		No		SAPS CASE NUMBER			
AREA IN WHICH IN THE INCIDENT OCCURRED:											

	<b>UNSAFE CONDITIONS</b>  (A CONDITION THAT IS LIKELY TO CAUSE PROPERTY DAMAGE OR INJURY)	<b>UNSAFE BEHAVIOR</b>  <b>HUMAN FACTOR / OUR BEHAVIOR</b>	
<b>DIRECT CAUSE</b>			
	<b>WORKPLACE FACTORS / CIRCUMSTANCES</b>	<b>PERSONAL FACTORS</b>  (ABSENCE OF TRAINING, KNOWLEDGE OR ABILITY)	
<b>UNDERLYING CAUSE</b>			
<b>ROOT CAUSES:</b>  COMMUNICATION NEEDS IMPROVEMENT			
<b>LONG TERM CORRECTIVE ACTIONS &amp; PREVENTATIVE ACTIONS:</b>  			
	<b>NAME &amp; SURNAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>SUPERVISOR</b>			
<b>INCIDENT INVESTIGATOR</b>			
<b>PERSON INVOLVED</b>			
<b>SHE REPRESENTATIVE</b>			
<b>OTHER MEMBERS INVOLVED</b>			
<b>SAFETY OFFICER</b>			
<b>SIGNED OFF BY SHE MANAGER:</b>			

<b>SIGNED OFF BY CEO:</b>  <b>APPOINTED 16.2</b>			

<b>IMMEDIATE ACTIONS TAKEN</b>	
<b>FACTS GAINED DURING</b>  <b>ON-SITE INVESTIGATION</b>	