



Conduct An Investigation Into Workplace Incidents

Handout 3

Example of Incident Report

Incident Reports Template

Department:	Incident Date : Incident Time : Normal shift finish time :	
Location of Incident:	Date of report:	
Witnesses : Please attach signed witness statement forms for all Level 2 & Level 3 incidents involving personal injury.		
Supervisor :		
Description of Incident (<i>add additional documentation and sketches for Level 2 & Level 3 incidents as per section 4.3 of incident reporting and investigation procedure</i>):		
Injury or Illness	Part of body injured :	
Name of Injured:	Occupation of injured:	Date of Birth of injured:
Length of service in this job:	Was person performing normal duties:	Hours on shift prior to accident:

Date of resumption of Work :		Object/equipment/substance inflicting harm :	
Anticipated absence if not back :			
Injury Management (TO BE COMPLETED BY FIRST AIDER).		Name of First Aider:	
Body Part Affected:	Head <input type="checkbox"/> . Neck <input type="checkbox"/> . Trunk <input type="checkbox"/> . Arm <input type="checkbox"/> . Hand <input type="checkbox"/> . Fingers <input type="checkbox"/> . Leg <input type="checkbox"/> . Ankle <input type="checkbox"/> . Foot <input type="checkbox"/> Eye <input type="checkbox"/> . Back <input type="checkbox"/> . Chest <input type="checkbox"/> . Multiple <input type="checkbox"/> . Others: (Define):		
Nature of Injury / Disease:	Fracture of Spine <input type="checkbox"/> . Other Fracture <input type="checkbox"/> . Dislocation <input type="checkbox"/> . Sprain / Strain <input type="checkbox"/> . Amputation <input type="checkbox"/> . Laceration <input type="checkbox"/> . Bruising <input type="checkbox"/> . Abrasion <input type="checkbox"/> . Burn <input type="checkbox"/> . Puncture Wound <input type="checkbox"/> . Poisoning / Toxic Effect <input type="checkbox"/> . F/Body <input type="checkbox"/> . Internal Injuries <input type="checkbox"/> Other:		
Signs, Symptoms and Treatment:			
Injury Status:	Site First Aid <input type="checkbox"/> .	Clinic First Aid <input type="checkbox"/> .	Doctor <input type="checkbox"/> .
Hospital <input type="checkbox"/> .	Full Duties <input type="checkbox"/> .	Alt Duties <input type="checkbox"/> .	Lost Time <input type="checkbox"/> .

Other Incident or Property Damage :	
Describe nature of damage :	Cost Estimates:
Object/equipment/substance related:	Person with most control of item : Occupation:
Evaluation of Loss Potential if not corrected :	
Loss Severity Potential <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Serious	Probability of Occurrence <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom

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Type of Contact: <input type="checkbox"/> Struck against <input type="checkbox"/> Struck by <input type="checkbox"/> Caught in <input type="checkbox"/> Caught on <input type="checkbox"/> Slip <input type="checkbox"/> Fall on same level <input type="checkbox"/> Fall to below <input type="checkbox"/> Overexertion	Contact with: <input type="checkbox"/> Electricity <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Radiation <input type="checkbox"/> Corrosives <input type="checkbox"/> Noise <input type="checkbox"/> Toxic or noxious substance
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Immediate causes (What substandard actions & conditions caused the event):

Tick all applicable below and explain here:

SUBSTANDARD ACTIONS

- Operating equipment without authority
- Failure to warn
- Failure to secure
- Operating at improper speed
- Making safety devices inoperable
- Removing safety devices
- Using defective equipment
- Using equipment improperly
- Failure to use PPE properly
- Improper loading
- Improper placement
- Improper lifting
- Improper position for task
- Servicing equipment in operation
- Horseplay
- Under influence of alcohol or drugs
- Working in dangerous situation

SUBSTANDARD CONDITIONS

- Inadequate guards or barriers
- Inadequate or improper protective equipment
- Defective tools equipment or materials
- Congested or restricted action
- Inadequate warning system
- Fire and explosion hazard
- Poor housekeeping disorder
- Hazardous environmental conditions (gas, dust etc.)
- Noise exposures
- Radiation exposure
- High or low temperature exposures
- Inadequate or excess illumination
- Inadequate ventilation
- Defective PPE
- Inadequate equipment

<input type="checkbox"/> Non-adherence to rules/standards	
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Basic Causes (What personal factors or fundamental job factors caused the event[for clarification see Attachment No.2 to the Incident reporting and Investigation Procedure)): **Tick all applicable below and explain here:**

PERSONAL FACTORS

- Inadequate capability
- Lack of knowledge
- Lack of skill
- Stress
- Improper motivation

JOB FACTORS

- Inadequate Leadership
- Inadequate engineering
- Inadequate purchasing
- Inadequate maintenance
- Inadequate tools & equipment
- Inadequate work standards
- Wear & Tear
- Abuse or misuse

Lack of Control: Inadequacies in the safety management standards or compliance with the standards : ***Please comment on all applicable below:***

Failure to plan effectively, comment:

Failure to direct/instruct/train, comment:

Failure to organise resources needed (not present, proper or in safe condition), comment

Failure to control (ensure job was conducted as planned), comment:

Remedial Action to Prevent Reoccurrence	By Whom	When	Status	Sign when completed

Employee's Comments:

Employee's Name: _____ **Signature:** _____

Date: _____

Supervisor's Comments:

Supervisor's Name: _____ **Signature:** _____

Date: _____

Department Manager's Comments:

Department Manager's Name: _____ **Signature:** _____

Date: _____

(Original to Safety – copy to be routed below for feedback)

<u>Feedback</u>	Date:	Sign:
Manager to Supervisor		
Supervisor to Employee		
Signature of Lead Investigator:		Date:
Signature of Reviewer(relevant Head of Dept.):		Date:

Please attach Witness Incident Analysis Forms for all Level 2 & Level 3 Incidents

Please forward completed report to SAFETY Manager within 24 hours of incident.