



Incident Investigation Form

Date of Incident: _____ Time: _____

Reported to: _____ Principle Contractor: _____

Location of Incident: _____

Personnel Details: Surname: _____ First Name: _____

Date of Birth: _____ Gender: Male / Female Contact No: _____

Plant / Equipment involved: _____ Rego: _____

Occupation/ Job Title Details: _____ How long at job: _____

Main Task Performed: _____

What happened, describe the incident, complaint, property damage or hazard? What happened immediately prior to incident? What happened immediately after incident?

Training provided: (please circle) Induction / Trade / Task Specific / Both or Neither

Note: A separate form should be completed for each person injured. This investigation is aimed at identifying causes not attributing blame. All investigating personnel should be trained in investigation techniques. Reference No: _____ Injury Damage Near Miss

Accident Results: Fatal Hospital Impatient Doctor Only
 First Aid Only Property Damage Nil injury/ damage
 Environmental incident other _____

Nature of injury/ disease: _____

Bodily location of injury/ disease/ damage: _____

Outcome: (Questions to be answered, as information becomes available.)

Rehabilitation Not Required Required Date of Resumption of Duties: _____
Short Term Alternate Duties: _____ Permanent Alternate Duties _____