| **General** | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of investigation:**  / / | | |  | | | | | | | |
| **Date of incident/near miss occurrence:** / / | | | | | | | | | | |
| **Area where incident/ near miss occurred:** | | | | | | | | | | |
| **Has a similar incident/near miss occurred previously (circle):** | | | Yes No | | | | | | | |
| **Was it a notifiable Incident (refer to WorkSafe Notifiable Incident Flowchart):** | | | Yes No | | | | | | | |
| **Was WorkSafe Notified:** | | | Yes No | | | | | | | |
| **Were any WorkSafe Notices Issued:** | | | Yes No | | | **Number of Notices:** | | | |  |
| **Type of WorkSafe Notice** | | | Prohibition | | | Improvement Notice | | | | |
| **WorkSafe Notice Reference Number(s)** | | |  | | | **Compliance Date:** | | | | |
|  | | | **Compliance Date:** | | | | |
|  | | | **Compliance Date:** | | | | |
| **Investigation team** | | | | | | | | | | |
| **Workplace Manager (investigation lead):** | | |  | | | | | | | |
| **Management OHS Nominee:** | | |  | | | | | | | |
| **Health and Safety Representative:** | | |  | | | | | | | |
| **Other:** | | |  | | | | | | | |
| **Other:** | | |  | | | | | | | |
| **Other:** | | |  | | | | | | | |
| **Witness details** | | | | | | | | | | |
| **Name:** | | | **Position:** | | **Contact Details:**  **Telephone:**  **Email:** | | | | | |
| **Name:** | | | **Position:** | | **Contact Details:**  **Telephone:**  **Email:** | | | | | |
| **Description of event** | | | | | | | | | | |
| **Who was involved (please circle):** | Employee | | Student | Volunteer | Visitor | | Contractor | | Member of public | |
| **Summary of Incident** | | | | | | | | | | |
| Briefly describe what happened at the time of the incident/near miss.  What were the causes/contributing factors? It might be useful to consider:   * Design of equipment/workplace (e.g. defective or unsuitable equipment, workplace layout) * Environment (e.g. lighting, ventilation, noise, temperature) * Human (e.g. fatigue, lack of understanding) * Work methods and systems (e.g. training, unclear work procedures, flow of information)   *Are there any relevant photos?* | | | | | | | | | | |
| **Causes/contributing factors** | | | | | | | | | | |
| * Design of equipment/workplace (e.g. defective or unsuitable equipment, workplace layout) * Environment (e.g. lighting, ventilation, noise, temperature) * Human (e.g. fatigue, lack of understanding) * Work methods and systems (e.g. training, unclear work procedures, flow of information) | | | | | | | | | | |
| **Controls immediately implemented** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Other observation/comments** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Investigation recommendations** | | | | | | | | | | |
| **Recommendations** | | **Responsible person(s)** | | | | | | **Due Date** | | |
|  | |  | | | | | |  | | |
|  | |  | | | | | |  | | |