

# INCIDENT REPORT



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							

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## General

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

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