



Incident Report Date:

Incident/Near miss investigation form

Civil Safety takes pride in its track record of a no-injury workplace since its establishment in 2002. The reason for investigating an incident or near miss is to determine: the cause or causes of the incident; to identify any risks, hazards, systems or procedures that contributed to the incident; and to recommend corrective action to prevent similar incidents.

All incidents must be directly reported to the CEO of Civil Safety (within 24 hours) using this form. The incident/near miss will then be investigated by the WHS committee. Relevant staff, students and stakeholders will also be involved in the investigation process.

When completing this incident/near miss investigation report you should answer the WHO, WHERE, WHEN, WHAT, WHY and HOW questions with regard to the incident/near miss.

Staff Member (compiling the report): _____

Staff Member Designation: _____

Training Facility: Yatala [] Moranbah [] Townsville [] Mackay []
 Cairns [] Weipa [] Darwin [] Rockhampton []

Other Location (site name): _____ **Company:** _____

People involved in the incident/near miss:

(including affected parties **(A)**, witnesses **(W)**, observers **(O)**, stakeholders **(S)**)

Full Name	Contact Details	A	W	O	S

Note: Where the allocated space of this form is not enough, please reference additional pages with the section ID that you are expanding.

Details of the incident/near miss:	Date of incident:	Time of incident:
Short description of incident / near miss:		
Area where incident / near miss occurred:		

Details of the incident/near miss investigation	
Name of injured person/s (if relevant):	Injury sustained(if relevant):
Name of person who reported incident:	Date of report:
Telephone number:	Date report completed:

Name of person/s conducting investigation		
Name/s	Job title (if relevant)	Contact number

Immediate causes / Contributing Causes that may have been a factor to the accident/incident	
What preventative action could have been taken? Why was this action not taken?	
How much experience did the employee have in the task/s that was being performed when the accident / incident occurred? What training has been provided?	
What is the chance of the accident / incident occurring again?	

Full description of events.**Who was involved: Worker Student Visitor Contractor Stakeholder**

Briefly describe what happened including the sequence of events, investigate scene of incident or near miss; conditions present at time of incident; what was involved, what activity (if any) was taking place prior and at time of incident. What hazards was the worker exposed to? What hazards may have contributed to the incident occurring? (Attach photos if available)

INVESTIGATION RECOMMENDATIONS Outline recommended corrective action/s (i.e. solution/s) to prevent the recurrence of the incident **eg. new equipment, re-engineer, re-design work area, re-design work practices, review training standards, etc**

Investigators Recommendation	Person to Action	Completion date

IMPLEMENTATION DETAILS

Date implemented	Action taken	Responsible person	Review Date

Lead Investigator Name:

Date:

Attachments: e.g. photos, instructions, SWMS etc.

Document Approval

Signed and dated

Name of Lead Investigator (Print) _____

..... (Authorised signature of Civil Safety Lead Investigator)

Civil Safety CEO (Print) _____

..... (Authorised signature of Civil Safety CEO).

..... (Insert date of signing).