

ACCIDENT INVESTIGATION FORM To be completed by manager / supervisor

As part of the PCBU's due diligence responsibilities, officers must take all reasonable steps to respond/ investigate in a timely manner an incident or accident reported to them. You can include your department's Health and Safety Representative or work committee in your investigation

DATE OF INVESTIGATION: _____

INVESTIGATORS NAME: _____

INVESTIGATORS POSITION: _____

WHO THE INVESTIGATION INCLUDED (WORKER/OTHER PERSONS): _____

ACCIDENT INVESTIGATION FORM

DESCRIBE WHAT NEEDS TO BE INVESTIGATED:
(Summarise the event)

INFORMATION DETAILS

DESCRIBE WHAT INFORMATION YOU HAVE COLLECTED ABOUT THE EVENT:
(Who is injured, witnesses, interviews, observations, photos, notes, re-enactments')

ANALYSIS

DESCRIBE WHAT KEY FACTOR(S) CONTRIBUTED TO THE EVENT:
(Consider tasks, people factors, systems, environmental factors, equipment culture (how we do things here), weather etc.)

ACTION DETAILS

DESCRIBE WHAT NEEDS TO BE ACTIONED TO FIX THE SITUATION:
(What changes will be made, who approves them, who needs to be informed about them)

WHO NEEDS TO BE INVOLVED IN ACTIONS? _____ ACTION PLAN ASSIGNED TO: _____

DATE ACTION(S) DUE: _____

INFORMATION DETAILS CONTINUED

Was the location of equipment or person authorised?:

YES NO N/A

Was the activity of the person authorised?:

YES NO N/A

Were safe work practices being used?:

YES NO N/A

Contributory Factors? (tick one)

Environmental/ Premises

Equipment/ Materials

Procedures/ Information

Human Factors

Other (please specify)

ONCE COMPLETED

DATE ACTION(S) COMPLETED: _____

SIGNED OFF BY: _____ SIGNATURE: _____

DOES THE HAZARD REGISTER NEED UPDATING? YES NO UPDATED ON: _____