This form should be used as a standard template for investigating any accidents, incidents or near misses. All parties should be advised that the results of this investigation may be released to the Workers Compensation Insurer, or Workcover, or any other organisation acting on behalf the company. Accordingly, this document, and any witness statements collected, may be produced as evidence at a later date.

This document should be used as a template, and should be used in addition to any site or industry specific information that may be required.

Accident Investigation Form

This form should be used as a standard template for investigating any accidents, incidents or near misses. Only people with the appropriate skills and experience should investigate accidents.

Injured Person Surname ...................................................................................................................
Surname                                      First name

Is this person from an non English speaking background?  □ Yes  □ No

When did the accident happen ......................................................................................................
Day          Date          Time

Usual Location of injured Employee ............................................................................................

Witness statements obtained from:

First Name          Surname          Position

First Name          Surname          Position

First Name          Surname          Position

First Name          Surname          Position

First Name          Surname          Position

What task was being performed at the time of the accident?

What are the hazards associated with this task?  Are any of these hazards significant?

Has a risk assessment previously been performed in relation to this task? If so, what risk controls or operating procedures were recommended or implemented?
Exact location of accident or incident

Factors that may have contributed to the accident
(rushing, wet floor, new employee, carelessness, failure to comply with policy, etc.)

If applicable, has machinery been correctly maintained? Have maintenance records been checked?

What safety equipment or PPE\(^1\) was being used at the time of the accident?

Was safety equipment being used in accordance with manufacturers guidelines or company policy?

What preventative action could have been taken? Why was this action not taken?

Identified deficiencies in the management system or safe work practice?

How much experience did each employee who was involved in the accident, either directly or indirectly, have in the task/s that he or she was performing when the accident occurred? What training has been provided?

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\(^1\) Personal Protective Equipment
Direct Supervisors or Duty Manager Comment

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Investigator’s Summary Notes

How serious could the incident have been?  Very Serious  Serious  Minor

What is the chance of the accident happening again?  Frequent  Occasional  Rare

Analysis of the sequence of events that lead up to the accident.  Try and work backwards from the final event, to identify the contributing factors.  This will be helpful in identifying follow up action items.

1) ........................................................................................................................................................

2) ........................................................................................................................................................

3) ........................................................................................................................................................

4) ........................................................................................................................................................

5) ........................................................................................................................................................

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<tr>
<th>Investigators recommendations</th>
<th>Person to Action</th>
<th>Completion date</th>
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Investigator’s Comments

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........................................  ........................................  ..................
Investigator’s Name    Investigator’s Signature Date