

Title: Incident Investigation Template	No:
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1. Incident	
Date of Incident: Time of Incident: Incident Investigation Date:	Reference No:
Workplace:	

2. Persons Involved in the Investigation	
Position	Name
Name of person conducting investigation:	
Workplace Manager:	
Management OHS Nominee:	
Health and Safety Representative:	
Other:	
Other:	
Other:	

Name of person(s) who were injured –(Note: Due to privacy reasons students' names are not to be identified in this report)

3. Injury(s) Sustained

4. Incident Location -(please state exact location)
Description of Incident –(Provide a brief description)

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Has a similar incident/near miss occurred previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there procedures in place to minimise the risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a Risk Assessment for the task been completed/reviewed (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Medical Treatment – <i>(Please provide a brief explanation of the medical treatment or first aid that was applied)</i>	
Was an ambulance called?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Key Contributing Factors – <i>(Provide a brief description of the circumstances that led to the incident/injury occurring and the immediate cause)</i>	
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)	

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Work methods and systems (e.g. training, unclear work procedures, flow of information)

Other comments:

7. Documents Collected - (e.g. interviews, photos, Safe Work Procedures, and risk assessments).	
Name of Document	Attached
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Corrective Actions - (Provide a detailed description of what actions are to be taken to reduce the risk of the incident/injury from occurring again – refer eduSafe Action Plan if applicable)			
Actions	Completion Date	Person Responsible	Actions Completed
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Risk Management –Evaluate the likelihood, consequences and level of risk		
Likelihood		
Descriptor	Level	Definition
Rare	1	May occur, sometime (“once in a life time / once in a hundred years”)
Unlikely	2	May occur somewhere within <insert company name> over an extended period of time
Possible	3	May occur several times across <insert company name> or a region over a period of time
Likely	4	May be anticipated multiple times over a period of time May occur once every few repetitions of the activity or event
Almost Certain	5	Prone to occur regularly Is anticipated for each repetition of the activity

Consequence		
Descriptor	Level	Definition
Insignificant	1	No injury
Minor	2	Injury/ ill health requiring first aid
Moderate	3	Injury/ill health requiring medical attention
Major	4	Injury/ill health requiring hospital admission
Severe	5	Fatality

Risk Level					
Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Severe
Almost Certain	Medium	High	Extreme	Extreme	Extreme
Likely	Medium	Medium	High	Extreme	Extreme
Possible	Low	Medium	Medium	High	Extreme
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

Key	
Extreme:	Notify Workplace Manager and/or Management OHS Nominee immediately. Corrective actions should be taken immediately. Cease associated activity.
High:	Notify Workplace Manager and/or Management OHS Nominee immediately. Corrective actions should be taken within 48 hours of notification
Medium:	Notify Nominated employee, HSR / OHS Committee . Nominated employee, OHS

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	Representative / OHS Committee is to follow up that corrective action is taken within 7 days.
Low:	Notify Nominated employee, HSR / OHS Committee . Nominated employee, HSR / OHS Committee is to follow up that corrective action is taken within a reasonable time.

Risk Level:

Workplace Manager and/ or Management OHS Nominee are to maintain completed forms