



INCIDENT REPORT & INVESTIGATION FORM

Number

Office Use

What Is Being Reported <input type="checkbox"/> An Injury / Illness <input type="checkbox"/> An Environmental Incident <input type="checkbox"/> A Dangerous or Serious Occurrence <input type="checkbox"/> A Quality Issue (eg: Member / Visitor Satisfaction) <input type="checkbox"/> Damage to Plant, Equipment, Vehicles, Property	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td colspan="6">Must be Completed</td> <td colspan="6">Complete as appropriate</td> </tr> <tr> <td>A</td><td>B</td><td>C</td><td></td><td></td><td></td> <td>G</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td> </tr> <tr> <td>A</td><td>B</td><td></td><td>D</td><td></td><td></td> <td>G</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td> </tr> <tr> <td>A</td><td>B</td><td>C</td><td>D</td><td></td><td>F</td> <td>G</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td> </tr> <tr> <td>A</td><td>B</td><td></td><td></td><td>E</td><td></td> <td></td><td></td><td>I</td><td>J</td><td>K</td><td>L</td> </tr> <tr> <td>A</td><td>B</td><td></td><td></td><td></td><td></td> <td>G</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td> </tr> </table>	Must be Completed						Complete as appropriate						A	B	C				G	H	I	J	K	L	A	B		D			G	H	I	J	K	L	A	B	C	D		F	G	H	I	J	K	L	A	B			E				I	J	K	L	A	B					G	H	I	J	K	L
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JKL are to be completed in with/by General Manager

Date of occurrence	Time of occurrence
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Part A	About the Persons Involved	Employment Status of Person Involved in Incident <i>FullTime PartTime Casual Contractor Other.....</i>	
		Name of person involved in or reporting the incident	
		Job Title	Shift Start Time
		<i>If applicable to incident</i> -Driver's Licence No. Expiry Date	
		<i>If applicable to incident</i> -Operators Certif. No. Class Expiry Date	
		Others involved in the Incident - Name (eg: other employee, member, witness)	
		Address (if not our direct employee)	
		Telephone (if not our direct employee)	
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Telephone (if not our direct employee)			

Part B	The Incident	Date / Time Incident reported to Management - Date Time	
		Where did the incident occur (give specific location)	
		Were Regulatory authorities involved (eg: Worksafe, EPA, Police, Ports / Parks Authority) (if yes give details of name, phone no. etc)	
		Are there any additional documents attached to this report (eg: police report, witness statement, photos)	
		Describe the Incident	
What was the result of the incident (eg: sprain, laceration, spillage, damage)			

Part K Action Required	What initiatives have been introduced (or are to be introduced) to ensure similar incident does not occur
	<input type="checkbox"/> Toolbox / Work Group Meeting
	<input type="checkbox"/> Review Work Procedure
	<input type="checkbox"/> Review Work Environment
	<input type="checkbox"/> Plant Risk Assessment
	<input type="checkbox"/> Employee Counselling
	<input type="checkbox"/> Review Training - at induction
	<input type="checkbox"/> Review Training - ongoing
	<input type="checkbox"/> Review Job Design
	<input type="checkbox"/> Activity ceased immediately
<input type="checkbox"/> Other initiatives	

Other Relevant Comments

		Probability / Likelihood				What is the Risk Ranking of this Incident?
Consequence	ASSESSMENT	<i>Highly Likely to Occur</i>	<i>Likely to Occur</i>	<i>Unlikely to Occur</i>	<i>Highly Unlikely to Occur</i>	
	Death of Permanent Disability Major Offsite Uncontained Spill / Contamination Damage > \$20,000 Legal Implications	1	1	2	3	
	Severe Injury Minor Offsite Uncontained Spill / Contamination Damage \$5,000 to \$20,000 Negative Publicity / Complaint	2	2	3	4	
	Moderate Injury Offsite contained spill / contamination Damage \$1,000 to \$5,000 Negative Publicity / Complaint	3	3	4	5	
	First Aid Treatment or No Treatment On-site contamination Damage <\$1,000 Complaint Rework	4	4	5	6	

Part L Sign Off & Close Out	Name of Person Involved in or reporting incident	Signature	Date
	Name of Person Completing this form	Signature	Date
	Signed by Manager	Signature	Date
	Has this incident been closed out	Yes / No (if no, record number of Business Improvement)	