*Enter investigation information into Sections 1-7, continue to the next section if not applicable. Document investigation and recommendation details into Sections 8-10. Attach all supporting documents and photos to the completed report.*

# Section 1 – Incident details *(Details to be obtained from the Incident Report)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of incident: |  | **Time of incident:** |  | **Person involved:** |  | **Incident number:** |  |

# Section 2 – External involvement *(Continue to the next section if not applicable)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| External involvement: | Police | | Fire | | Ambulance | | | WHS/EPA Regulator | | Media | | N/A |
| Contact information/details: |  | | | | | | | | | | | |
| Alcohol/drug testing conducted? | Yes | No | | Details: | |  | | | | | | |
| Customer(s) effected: |  | | | | | | | | | | | |
| Damage/effect on customer: |  | | | | | | | | | | | |
| Person contacted: |  | | | | | | **Date:** | |  | **Time:** |  | |

# Section 3 – Injury details *(Continue to the next section if not applicable)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Injury classification: | Fatality | | | Lost Time (LTI) | Medically Treated (MTI) | | First Aid (FAI) | N/A |
| Task being undertaken at time of injury: | |  | | | | | | |
| Body location and type of injury: |  | | | | | | | |
| Medical treatment provided: | No | | Yes – name of treatment provider: | | |  | | |

# Section 4 – Motor vehicle incident *(Continue to the next section if not applicable)*

## 4.1 Driver information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: |  | | | **Given name:** |  |
| Address: |  | | | | |
| Phone (home): |  | | | **Mobile:** |  |
| Licence Number: |  | **Class:** |  | **Licence held for:** |  |
| State of issue: |  | | | **Expiry date:** |  |

## 4.2 Vehicle and trailing equipment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Details: | **Fleet/Rego number:** | **Make:** | **Model:** | **Description** |
| Vehicle: |  |  |  |  |
| Trailer 1: |  |  |  |  |
| Trailer 2: |  |  |  |  |
| Third party vehicle: |  |  |  |  |

## 4.3 Additional detail

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Description of damage: |  | | | | | | | | |
| Were pre-operational checks completed? | | | | | Yes | No | (Explain details:) | | |
| Were faults identified with the vehicle or trailing equipment? | | | | | Yes | (Explain details:) | | | No |
| Speed of the vehicle at time of incident: | | | Km/hr | **Speed of other vehicle at the time of incident:** | | | | Km/hr | |
| Other supporting information: | |  | | | | | | | |

# Section 5 – Equipment incident (Forklift, platform, machine) *(Continue to the next section if not applicable)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Description of equipment damage/failure: | |  | | | | |
| Was the operator licenced and or trained to operate the equipment? | | | Yes | No | (Explain details:) | |
| Were pre-operational checks completed? | | | Yes | No | (Explain details:) | |
| Were faults identified with the equipment? | | | Yes | (Explain details:) | | No |
| Other supporting information: |  | | | | | |

# Section 6 – Property incident *(Continue to the next section if not applicable)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description of property damaged: | |  | | | |
| Were inspections or assessments completed? | | | Yes | No | (Explain details:) |
| Supporting information: |  | | | | |

# Section 7 – Witness information *(Continue to the next section if not applicable)*

**Witness 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | **Contact number:** |  |
| Details: |  | | |

**Witness 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | **Contact number:** |  |
| Details: |  | | |

# Section 8 – Control measures and other contributing factors

|  |
| --- |
| What controls were in place to prevent this incident occurring?  *Circle or highlight which controls contributed or failed to prevent the incident from occurring:* |
| *The following controls were in place at the time of the incident:* |
|  |

|  |
| --- |
| Explain the details relating to the failed controls that contributed to the incident? |
|  |
|  |

|  |
| --- |
| What other contributing factors have been identified? |
|  |
|  |

# Section 9 – Recommendations

|  |  |  |  |
| --- | --- | --- | --- |
| Recommendations to eliminate or minimise the risk of this incident occurring again? | Accepted | Details | |
|  | Yes | By who: | By when: |
| No | (Explain details:) | |
|  | Yes | By who: | By when: |
| No | (Explain details:) | |
|  | Yes | By who: | By when: |
| No | (Explain details:) | |
|  | Yes | By who: | By when: |
| No | (Explain details:) | |
|  | Yes | By who: | By when: |
| No | (Explain details:) | |

# Section 10 – Manager signoff

|  |  |  |
| --- | --- | --- |
| **I am satisfied that the incident has been investigated thoroughly and accepted recommendations will be implemented:** | | |
| Name: | Signed: | Date: |