

ACCIDENT/INCIDENT INVESTIGATION REPORT



Personal Details

Names and contact details of person(s) involved:		
1.	<input type="checkbox"/> Injured	<input type="checkbox"/> Witness
2.	<input type="checkbox"/> Injured	<input type="checkbox"/> Witness
3.	<input type="checkbox"/> Injured	<input type="checkbox"/> Witness
4.	<input type="checkbox"/> Injured	<input type="checkbox"/> Witness

Task and Location

Date/Time incident:
What task was being performed when the incident occurred?

Plant or equipment

What plant was being used?
Was the plant suitable for the task?
Was the plant used according to a Safe Operating Procedure?
Was the plant in good working order?
Were the hazards and risks of the plant assessed in the local Hazard & Risk Register?
Was the maintenance schedule of the plant described in the local Testing, Inspection & Monitoring Program?
Was certification required to operate the plant? Was the operator of the plant certified?
Investigation team recommendations:
Referred to for action: Date:

Materials (e.g. chemicals, pathogens, etc)

What materials were in use?
Was a risk assessment available for the activity?
Were Material Safety Data Sheets Available to the user?
Investigation team recommendations:
Referred to for action: Date:

Supervision

Who are the supervisor(s) of the person(s) involved?	
1.	
2.	
3.	
4.	
Who are the supervisor(s) of the area/plant where the incident occurred?	
What supervision was provided to the person for the task?	
What supervision was required for the task?	
Investigation team recommendations:	
Referred to for action:	Date:

Risk Management

Was a risk assessment undertaken before the commencing this task?	
If not, please explain why not?	
What hazards were identified for this task?	
What risk controls were recommended in the risk assessment?	
Were the risk controls applied?	
If not, please explain why not?	
Was a Safe Working Procedure available for this task?	
What UTas policies and procedures apply to this task?	
Investigation team recommendations:	
Referred to for action:	Date:

Personal Protective Equipment

What personal protective equipment or equipment or clothing was in use?
What personal protective equipment or clothing should have been in use?
Was suitable personal protective equipment or clothing provided?
If not, please explain why not?
Was the personal protective equipment or clothing used correctly?
If not, please explain why not?
Investigation team recommendations:
Referred to for action: Date:

Induction and Training

Had the person(s) involved received induction to the area?
What training had the person(s) received for the task?
What additional training should the person(s) receive?
Investigation team recommendations:
Referred to for action: Date:

Contributing factors

List the contributing factors that have been established from this investigation that may have lead to the incident (Immediate cause, Basic cause, Underlying cause)

1.

2.

3.

4.

5.

6.

Investigation team recommendations:

Referred to for action:

Date:

Investigation Team

Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:

Help

Human Resources - OH&S may be contacted by phone on (03) 6226 7509 / 0419 267 509 or by fax on (03) 6226 7536

Privacy Statement

The personal information you provide on this form is protected by the Privacy and personal Information Protection Act. Access to the information you provide is only available to those persons authorized to access the information in the course of their duties to the University.

Send Copies to:

1. Send Original report to Human Resources - OH&S, Box 102 & keep a copy

Risk Control (HIGH)

Eliminate
Substitution
Isolation
Engineering

Response or actions taken – (must be effective) and should prevent similar accident /incidents occurring in the future

Risk Control (LOW)

Administration
Training
Procedures
Administration

ACCIDENT INVESTIGATION CHECKLIST

Accident Investigation Checklist		
Action taken	Yes	No
Is a written plan for accident investigation in place?		
Are statutory notification requirements complied with?		
Have responsibilities been allocated to team leaders/team members?		
Has training been provided to enable team leaders/team members to exercise functions relevant to accident investigations?		
Does the team leader have the authority to conduct investigations?		
Are procedures in place for prompt notification of team members?		
Has provision been made for administrative support for accident investigation?		
Are transportation and communication arrangements appropriate for the team's needs?		
Is there provision for access of the team members to the accident site?		
Is there a protocol for securing an accident site for the duration of the investigation after rescue and damage control are complete?		
Is suitable equipment provided and are procedures in place to ensure the observation and recording of photographing of fragile, perishable or transient evidence (such as instrument readings, control panel setting, weather and other environmental conditions, chemical spills, stains or skid marks)?		
Are procedures in place for notifying and cooperating with external investigators as may be required? E.g. Workplace Standards Tasmania, Police, Tasfire.		
Are investigations properly documented and recorded?		
Are accident investigations followed up with appropriate measures to eliminate or minimize the likelihood and/or severity of similar accidents in the future?		

Head of School/Budget Centre.....Date.....

(Signature)