**AFEI Member Template: Incident Investigation Report**

**THIS DOCUMENT IS ONLY A GUIDE**

AFEI recommends members consider their specific requirements when adopting a template document or policy to ensure the document meets the particular needs of your organisation.

For assistance, please call the AFEI Hotline on 02 9264 2000.

**How to use this document:**

1: Check with the AFEI Hotline as to its suitability for your needs.

2: Edit to meet your requirements by:

* **Add** relevant information in the [yellow highlighted] sections.
* **Delete** comments in the *[blue highlighted]* areas.

***[Place on Organisation Letterhead]***

Incident Investigation Report

**Incident Details:**

|  |  |
| --- | --- |
| Date of Incident: |  |
| Location of incident: |  |
| Persons involved and their roles / involvement |  |
| Detail the injuries / property damage / outcomes of the incident: |  |
| Who was in charge of the site? |  |

**Reporting Process**

|  |  |  |
| --- | --- | --- |
| Reportable Status | Notifiable to the regulator |[ ]  Workers Compensation |[ ]
| Detail reporting process / outcome (e.g. did SafeWork Investigate?) |  |

**Safe System of Work**

|  |  |
| --- | --- |
| Detail the Safe Systems of work in place at the time of the incident (e.g. Safe Work Method Statement). |  |
| Was the Safe System of Work in place? |  |
| Was the Safe System of work followed? |  |
| Why was the Safe System of Work not followed? |  |

**Root Cause Analysis**

|  |  |
| --- | --- |
| What factors were present which may have contributed to the incident? |  |
| What levels of training had been provided for those involved? |  |
| What equipment was involved? |  |
| What was the status of the equipment? E.g. Maintenance records, age? |  |
| Describe the work environment. Busy, hot, cold? |  |
| Has this incident, or type of incident, happened before at this worksite? |  |
| Persons Interviewed as part of the investigation: |  |

**Corrective Action**

|  |  |
| --- | --- |
| What can be put in place to prevent this incident from happening again? |  |
| What has been done to prevent re-occurrence? |  |

**Outcomes and Responsibilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action** | **Responsibility** | **Target Date** | **Completed Date** | **Signed** |
|  |  |  |  |  |
|  |  |  |  |  |

**Investigation completed by:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Senior Manager Review:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2 Month Review**

|  |  |
| --- | --- |
| Has the incident recurred? |  |
| Have the controls / actions been implemented? |  |
| Is further action required? |  |
| Signature |  |
| Name |  |
| Role |  |
| Date |  |