Incident Investigation and Report SSSP Form 9

File number:

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|  |

Hazard entered in register:

|  |  |
| --- | --- |
| 1 | Investigation details |

**Write** investigator name **Signature**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Investigation start date Investigation end date

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |
| --- | --- |
| 2 | Occurrence details |

This report relates to:

Injury/Harm  Property damage  Near-miss

Incident date Time

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |  |  |

Location Date reported

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | / |  |  | / |  |  |  |  |

Person involved Address

|  |  |  |
| --- | --- | --- |
| Mr  Mrs  Miss  Ms |  |  |
|  |  |

Phone number Length of employment Age

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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| 3 | Injury / harm details |

**Indicate** the type/s of injuries sustained

|  |  |
| --- | --- |
| Crush / Impact | Bruising |
| Strain / Sprain | Scratch / Abrasion |
| Fracture / Break | Amputation |
| Cut / Laceration | Burn / Scald |
| Dislocation | Internal Injury |
| Foreign body | Allergic Reaction |
| Penetration | Other (Describe Below) |

**Describe** limb / body part affected and the nature of the injury

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Injury severity rating WorkSafe notified?

Minor  Moderate  Notifiable injury  Yes  No

Injury response

Nil  First Aid only  Medical attention  Emergency services

Comment

|  |
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|  |

Outcome

Return to work  Alternative duties  Time off

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| 4 | Near-miss details |

**Describe** the occurrence

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Severity WorkSafe notified?

Significant  Notifiable injury  Yes  No

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| 5 | Damage details |

**Describe** the property / item / material damaged

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**Describe** the nature of the damage

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**Describe** the action / object / vehicle / thing involved

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| 6 | Incident description |

**Describe** what happened - attach additional notes if necessary (attach diagrams - essential for all vehicle incidents)

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| 7 | Analysis |

**Write** about contributing causes (these are the actions or inaction or conditions at the time that triggered the incident)

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**Write** about primary causes (these are the system or process failures, planning and / or management failures that  
allowed the potential for the incident to develop in the first place)

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| 8 | Prevention |

**What** action has or will be taken to rectify the situation and / or prevent a recurrence?) By whom When

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| --- | --- | --- |
|  |  |  |

**What** action has or will be taken to rectify the situation and / or prevent a recurrence?) By whom When

|  |  |  |
| --- | --- | --- |
|  |  |  |

**What** action has or will be taken to rectify the situation and / or prevent a recurrence?) By whom When

|  |  |  |
| --- | --- | --- |
|  |  |  |

**What** action has or will be taken to rectify the situation and / or prevent a recurrence?) By whom When

|  |  |  |
| --- | --- | --- |
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|  |  |
| --- | --- |
| 9 | Sign-off |

**Signed** for employer

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | *Date signed* | | | | | | | | | |
|  |  |  | / |  |  | / |  |  |  |  |

**Signed** by employee/s

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | *Date signed* | | | | | | | | | |
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| 10 | Additional incident notes |

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