Incident Investigation and Report SSSP Form 9

File number:

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Hazard entered in register:

[ ]

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

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

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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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Location Date reported

|  |  |  |  |  |  |  |  |  |  |  |  |
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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

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| --- | --- |
| [ ]  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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| --- | --- | --- |
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**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

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**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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