

HEALTH & SAFETY EVENT INVESTIGATION FORM

Site Address: _____

1. PARTICULARS OF EVENT

Date of event: _____

Time: _____

Location: _____

Date reported: _____

2. DETAILS OF PERSON INVOLVED

Name: _____

Address: _____

Date of birth: _____

Phone number: _____

Length of current employment: _____

Details of injury sustained: N/A

- Bruising Dislocation Sprain/strain Scratch/abrasion Illness Laceration/cut
 Amputation Foreign body Fracture Burn/scald Animal attack Assault
 Threatening behaviour Vehicle accident Other:

Comments: _____

3. DAMAGED PROPERTY

Object/substance causing damage:

E.g. vehicle collided with a parked vehicle.

Type of damage caused:

E.g. damage to door of vehicle being driven.

4. THE ACCIDENT

Describe what happened:

If this was a vehicle accident, add a drawing of the accident scene on the other side of this page.

Analysis:

What caused the accident?

How serious could it have been?

Minor Serious Very serious

How often is this likely to happen again?

Never Rarely Occasionally Often

5. PREVENTION

What action has or will be taken to stop another accident like this happening?

Tick items already actioned.

Write below if you need more space.

ACTION	TICK	BY WHOM	WHEN
	<input type="checkbox"/>		
	<input type="checkbox"/>		
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	<input type="checkbox"/>		

5. TREATMENT AND INVESTIGATION OF ACCIDENT

Type of treatment given:

No Treatment First Aid Doctor Hospitalisation Fatality

Other: _____

Doctor/Hospital: _____

Accident Investigated by: _____

Date: _____ **Signed:** _____

WorkSafe advised: Yes No **Date:** _____