

Please complete all sections of this report. Provide factual information only.				
Injury Report No:		Witness Report No:		Near-miss Report No:
Location of Incident / Accident: <i>(Site address & location on site)</i>			Date and Time of Incident / Accident:	
			Name of Person/s involved:	
Weather:			Access:	
Lighting:			Dust / Fume / Noise:	
Housekeeping:			Other Factors:	
Was the person authorised to do the job?	Yes	No	N/A	Comments:
Was there a documented safe system of work?	Yes	No	N/A	Comments:
Was the safe system of work followed?	Yes	No	N/A	Comments:
Had a risk assessment been carried out?	Yes	No	N/A	Comments:
Was the person trained to do the job?	Yes	No	N/A	Comments:
Were control measures in place (as risk assessment)?	Yes	No	N/A	Comments:
Was the person wearing suitable PPE? (list items)	Yes	No	N/A	Comments:
Was unsafe / unsuitable equipment being used?	Yes	No	N/A	Comments:
Was the use of hazardous materials involved?	Yes	No	N/A	Comments:
Describe the incident scene (use sketches, dimensions and photographs where relevant)				

1. Describe what should have happened i.e. what was the intended outcome, what was the safe system?

2. Describe what happened; the events leading up to the incident, what was different from section 1?

3. Who supplied the information? (enter the names of any witnesses)

Name of Investigator:

Signature:

Date:

Signature of Person/s involved:

Date:

Cause of the Adverse Event (Accident / Incident)	
Provide detail on the immediate cause of the Adverse Event <i>The agent of near miss, injury or ill health (blade, substance etc.)</i>	
Provide detail on the underlying cause of the Adverse Event <i>Unsafe act or unsafe condition (guard removed, ventilation switched off etc.)</i>	
Provide detail on the root cause of the Adverse Event <i>The failure from which all other failings grow (failure to identify training needs, provide information etc.)</i>	
Senior Manager / Line Manager Comments	
<i>Enter any comments or additional information not contained in this report or any related to it.</i>	
Risk Assessment Review Required (YES / NO)	
Risk Assessment/s No's to be reviewed / updated (see Health & Safety Management System)	

Remedial Action Plan

One of the aims of this investigation and related reports is to prevent recurrence of this type of incident; therefore a Remedial Action Plan has been instigated. Where the need for remedial actions has been highlighted by this accident it in no way implies that the company has been negligent in any way.

Key Details of Remedial Actions**Line Managers Name:****Signature:****Date:**