

INCIDENT/ACCIDENT INVESTIGATION FORM

Accident Ref No.



1. INITIAL DETAILS

Site					
Name of IP		Surname:		Forenames:	
Accident details		Date		Time:	
Was the injured person detained in hospital for more than 24 hours? Y/N					
On the day of the accident what hours did IP work?					
Usual	From am/pm	To am/pm	Actual	From am/pm	To am/pm

2. LOCATION - describe the exact location of the accident, so that those unfamiliar with the site can find it. Use a sketch or photograph if this helps.

3. INCIDENT/ACCIDENT DETAILS - note any POSITIVE features such as good housekeeping, good lighting, routine work, experienced employees etc. Continue on a separate sheet if necessary.

3.1 Nature of Injury: make sure this is accurately described. Note and clarify any discrepancies from the Accident Report

3.2 Damage: detail any property damage as a result of the incident

3.3 Describe what happened: including the activity/task being undertaken and the events leading up to the incident/accident) If required use separate sheet

3.4 Describe the conditions in the area where the incident/accident occurred: including the housekeeping standards, space, lighting levels & temperature

3.5 If applicable, describe the condition of the floor/ground surface: including if the floor was dry or wet, if warning cones/yellow men were in place, any floor contamination or ice build up, any floor defects including holes, and when the floor had last been cleaned.

3.6 If applicable, describe the type of plant/equipment involved: e.g. machine/ladder/ truck type, the make and model, a unique Identification No., and the condition of the equipment, including the guards. Measure and record dimensions where applicable e.g. the length of guards, speed of vehicle etc. If heat involved describe the temperatures.

3.7 If applicable, describe if any pre-start checks had been completed note who had completed them, attach a completed copy.

3.8 If applicable, describe the substance: including chemical name, process use, hazard rating, warning labels, MSDS review and suitability of container/storage arrangements, attach the data sheet.

3.9 If manual handling related incident/accident describe: the object(s) involved, the object weight, the amount lifted in 1 hour/day, the handholds, the distance carried, any gradients/slopes en route, any mechanical aids provided and if they were used.

3.10 Training/ SSOW/Job Instructions Describe training / experience. Are task specific SSOW/ Sop / job instructions available, Had the IP been trained			
3.11 PPE provided and correctly used: What PPE was being worn/used? (circle all which are applicable)			
Anti-slip footwear	Safety glasses	Thermal clothing	Gloves
Steel toecaps	Face visor	Dust mask	Describe type:
Chain mail apron	Protective overalls	Respirator	Other
Goggles	Ear plugs/muffs	Breathing apparatus	Describe:
Describe condition of PPE:			
3.12 Describe the supervisory arrangements in place at the time of the incident/accident			
3.13 Describe any contribution by the injured person or any other person: e.g. any possible distractions, suspicion of substance misuse or fatigue etc			
3.15 Photo reference numbers:			
4. TYPE of INCIDENT/ACCIDENT? Place an X in the appropriate box.			
Contact with moving machinery		Trapped by something collapsing or overturning	
Hit by moving/flying/falling object		Drowned or asphyxiated	
Hit by moving vehicle		Exposed to harmful substance	
Hit something fixed or stationery		Exposed to fire	
Injured whilst handling		Exposed to an explosion	
Slip or fall on the same level		Contact with electricity	
Trip on the same level		Physically assaulted	
Fall from height		Another kind of accident	
5. What was the IMMEDIATE CAUSE(S) of the incident/accident?			
6. What was the ROOT CAUSE(S) of the incident/accident?			

7. ACTION TAKEN OR REQUIRED?				
You must record at least one action for every cause identified				
No.	Action	Who	When	Status
1				
2				
3				
9. INVESTIGATION APPROVAL				
Investigator Declaration: I have carried out the investigation to the best of my ability and have taken/recommended action detailed above to minimise a recurrence of the accident.				
Name:		Position:		
Signature:		Date:		
Line Manager Declaration: I am satisfied that the incident/ accident has been adequately investigated, the risk assessment/SSOW has been reviewed and the correct remedial action has been identified.				
Name:		Position:		
Signature:		Date:		
Health & Safety Manager Declaration: I am satisfied with the quality of this report and the remedial action taken or proposed. Where there are Group wide implications I will ensure that these are communicated appropriately.				
Name:				
Signature:		Date:		

Site Managing Director Declaration – (All RIDDOR incidents must be reviewed by the MD as a minimum): I am satisfied with the quality of this report and the remedial action taken or proposed.

Name:

Signature

Date

Incident/Accident Investigation Checklist

Incident Ref No.

No.	Documentation	Completed & attached	Location of document (where applicable)& brief comment (if required)
1.	Photos and/or sketches		
2.	Witness statements		
3.	Relevant pre-accident risk assessments		Health and Safety Main File
4.	Relevant post accident risk assessments		
5.	Work instructions (SSOW etc)		Training File – SOP
6.	Individuals training records		Health and Safety Dept
7.	Communication briefs etc.		HR Dept
8.	Maintenance records/defect reporting records		Engineering
9.	Contractors method statements/risk assessments		Engineering
10.	Post accident briefings		HR Dept
11.	Other		

Health & Safety Department Review

12.	Individual returned to work	Yes	No	
13.	Riddor Report	Yes	N/A	
14.	Absence line entry			
15.	Absence records			
16.	Records of previous accidents & claims			
17.	Medical certification			
18.	Occ Health Review			
19.	RTW interview			
20.	Hazard alert/Information update			

21.	Other	
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