|  |  |  |
| --- | --- | --- |
| Date of accident/incident: | Time: |  |
| LOCATION: |
| PERSONS INJURED/INVOLVED? State who was involved including details of their occupation and experience. |
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| EQUIPMENT/MATERIALS INVOLVED? |
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| TYPE OF INJURY For “near miss” incidents note the likely injury that could have been sustained. |
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| HOW DID THE ACCIDENT HAPPEN? Describe what happened, emergency action taken. List all persons present, equipment/materials, work practice, environmental factors (e.g. weather). Attach statements from witnesses. |
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| WAS THE ACCIDENT THE RESULT OF A **SIGNIFICANT HAZARD?** Establish the root cause of the accident and assess if it arose from a significant hazard.  |
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| IS IT LIKELY TO HAPPEN AGAIN? |
|  |
| REMEDIAL ACTION REQUIRED | Responsible Person | Completion Date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|   |  |  |
| REMEDIAL ACTION COMPLETE AND EFFECTIVE? | YES/NO |
| IF NO. WHAT FURTHER ACTION IS REQUIRED TO REMEDIATE? |
|  |
|  |
|  |
| Signed: |  | Position: |  | Date: |