

Incident Investigation Report

Injured Person:

Location of Incident:

Incident Date:

Investigation Reference:

Investigation Carried Out By:

THIS REPORT IS CONFIDENTIAL AND MUST NOT BE RELEASED TO ANY PERSON WITHOUT PRIOR CONSENT FROM THE APPROPRIATE HEALTH & SAFETY TEAM

1. DETAILS OF INJURED PERSON

Full Name	
Details of Injury	
Age	
Occupation	
Employing Service	
Place of employment	
Date of Incident	
Time of Incident	
Location of Incident	

2. ACCIDENT INVESTIGATION

Investigated By	
Date of Investigation	
Witness Information	

3. BRIEF SUMMARY OF INCIDENT

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4. PLANT/EQUIPMENT INVOLVED

Description of any plant/machinery involved	
Details of chemicals/substances	
Other factors (eg weather)	

5.WORK METHOD

Was the Council procedure for the activity being followed	
What level of supervision was in place	
What training did the IP have for the activity	

6. LEGAL REQUIREMENTS

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7. PREVENTATIVE MEASURES

Outline measures which could have been taken to prevent the incident	
Outline the measures that have been taken to prevent a recurrence	

8. ANY PREVIOUS ADVICE ISSUED

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9. CONCLUSIONS

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10. RECOMMENDATIONS

	Responsible Person