

INCIDENT INVESTIGATION REPORT FORMAT

Incident No.

① Instructions on how to complete and submit this form are noted on Page 3

PART A Initial Notification - Complete and email within 24hrs of incident occurring to terminal officers.

Description of Incident:
Where did the incident happen ?
How did it happen?
Who was involved in the accident?
What was the cause?

Details of Injuries/Damage/Impact: <i>(Nature and extent of injures/damage)</i>
Type of injury / damage:
Body part injured / Component damaged:

Immediate Action Taken
Was first aid given? If yes by whom and where?
Was he taken to hospital? If yes where?

General Incident Details			
Incident Date:	<input type="text"/>	Time of incident:	<input type="text"/>
Site:	<input type="text"/>	Operation:	<input type="text"/>
Persons involved in incident: <i>Contractor, 3rd party?</i>	<input type="text"/>		
Does a site procedure or standard exist to control this risk? <i>Yes, No or Unknown</i>	<input type="text"/>		
Incident severity rating: (level 1-5) *	Actual:	<input type="text"/>	Potential:
<small>* Refer to Incident Severity Rating table on Page 3</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>