

# INCIDENT INVESTIGATION REPORT

SECTION 1: GENERAL INFORMATION	
Date of Incident:	Time of Incident:
Date of Report:	Job Number:
Exact Location of Incident:	
Employee(s) involved:	
Attending authorities i.e. Police, client rep, WorkCover:	
Activity of Employee at time of Incident:	
Witness(es) name(s)	Witness(es) contact details
SECTION 2: TYPE OF INCIDENT	
TYPE OF INCIDENT (Tick)	SECTIONS TO BE COMPLETED
Injury	1, 2, 3, 7, 8, 9
Near Miss	1, 2, 7, 8, 9
Damage (i.e. property/plant)	1, 2, 7, 8, 9
Vehicle	1, 2, 4, 7, 8, 9
Security (i.e. theft)	1, 2, 5, 7, 8, 9
Environmental	1, 2, 6, 7, 8, 9
SECTION 3: INJURY	
Name of injured person:	
Nature of injury e.g. abrasion, break, burns, damage, exposure, laceration, needle stick, soft tissue, sting, strain etc.	
Body Part Injured e.g. right arm, left leg, head etc.	
Medical attention required	Yes No
SECTION 4: VEHICLE	
Registration plate of Openshore vehicle:	
License number of Openshore driver:	D.O.B:
Police report: Yes No	Report Number:
3 <sup>rd</sup> Party Drivers Name:	
3 <sup>rd</sup> Party Drivers Contact number:	
3 <sup>rd</sup> Party Drivers Driving License number:	
3 <sup>rd</sup> Party Drivers car registration number plate:	
3 <sup>rd</sup> Party Drivers vehicle description:	
SECTION 5: SECURITY	
Item stolen, damage etc.	
Police report Yes No	Report Number:

SECTION 6: ENVIRONMENTAL			
Category of incident (tick):			
Chemical Spill	Noise	Dust	Air
Water contamination	Heritage	Flora/Fauna	Other
Further Information:			
DECC / EPA Notified	Yes	No	Report Number:
Other authorities notified e.g. council, State water	Yes	No	Agency Notified:
Immediate controls used to contain incident	Yes	No	Type of Control:
SECTION 7: DESCRIPTION OF INCIDENT			
State clearly how incident occurred. ALSO list OPS staff involved/contractors/members of the public/witnesses. If you need more space, use another page. Details of damage to equipment or property if relevant			
Photos (if required):			

## SECTION 8: INCIDENT INVESTIGATION

To be completed by Project Manager and/or WHSE Manager.

Consider root causes, such as procedural, training, equipment

## SECTION 9: CORRECTIVE AND PREVENTATIVE ACTIONS

To be completed by Project Manager and/or WHSE Manager. Include any modifications to plant, training, work instructions etc. List any action that has happened since the incident i.e. damaged services been repaired, when and by whom?

### OFFICE USE ONLY

Has insurance company been notified?	Yes	No
Will a claim be lodged?	Yes	No
Has WorkCover been notified?	Yes	No
Is a non-conformance required to be raised?	Yes	No

Incident reviewed by WHSE coordinator and tabled for action in Company meeting:

Name of WHSE Coordinator: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Incident Number: \_\_\_\_\_