

SECTION A

Business Unit: Branch/Department:

Location: Project:

Site Address: Client/Head Contractor:

Name of Person Involved (if applicable):

Company:

Witnesses:

Date & Time of Incident: Full Date: Time: am pm

Incident Type: Injury Near Miss Property Damage Vehicle Environmental

For incidents involving an Injury complete **SECTION B**. For all other incident types complete **SECTION C**.

SECTION B: INJURED PERSON'S DETAILS (if applicable)

Name: Employer:

Job Title: Supervisors Name:

Employment Status: Full Time Part Time Casual Temp Term of Employment:

Injury Category: LTI MTI First Aid Illness

Injured Body Part:

Type of Injury:

e.g. Fracture/Laceration etc.

SECTION C: PLANT/EQUIPMENT/ENVIRONMENT/NEAR MISS (if applicable)

Plant/Equipment Involved:

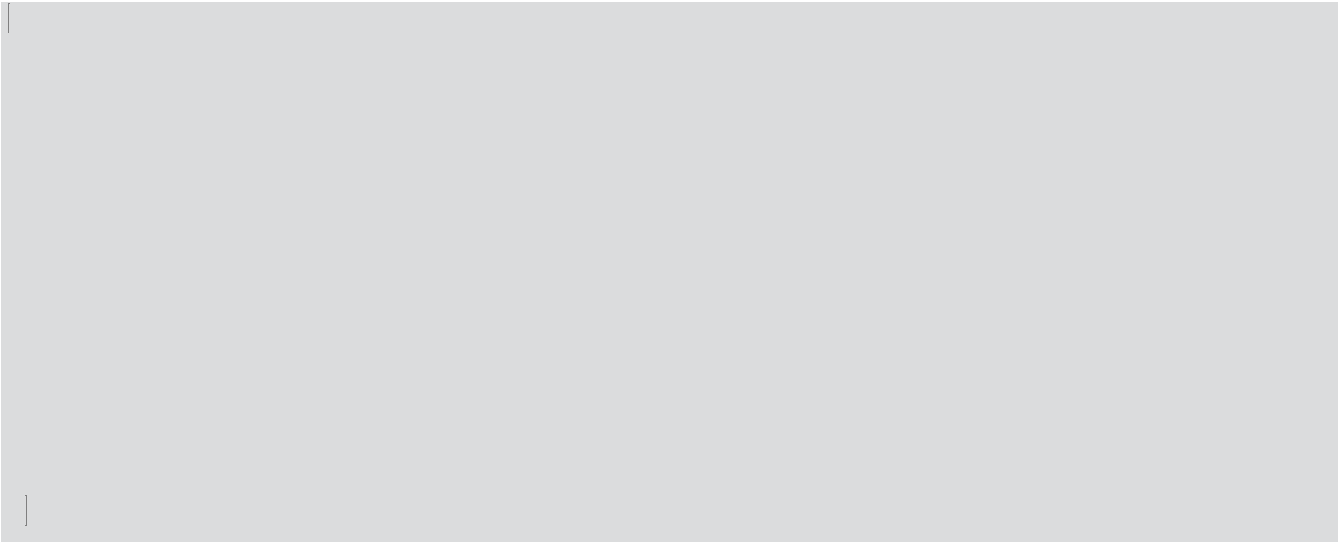
Near Miss:

Type of Environmental Incident:

e.g. spill, noise, dust

SECTION D: DESCRIBE WHAT HAPPENED

Describe the sequence of events:



SECTION E: INVESTIGATION FINDINGS

Detail the findings of the Investigation. Do not insert just yes/no, specific details required
CONSIDER THE FOLLOWING FACTORS

PERSONNEL	NO – CONTRIBUTING	YES – MITIGATING
Were involved personnel inducted on site?	<input type="checkbox"/>	<input type="checkbox"/>
Were involved personnel trained and competent? <i>(Hold all applicable Licenses, Registrations, Certificates, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Were involved personnel experienced in completing the task?	<input type="checkbox"/>	<input type="checkbox"/>
Were defined Safe Work Practices consistently observed?	<input type="checkbox"/>	<input type="checkbox"/>
Was a Pre-Start Assessment completed?	<input type="checkbox"/>	<input type="checkbox"/>
Was there any changes in the task or conditions from that referenced in the Pre-Start assessment (Take 5)?	<input type="checkbox"/>	<input type="checkbox"/>
Were the involved personnel Fit to perform the task? <i>(e.g.: Free of any underlying associated Medical Conditions, or the effects of Fatigue, Drugs or Alcohol, or other factors affecting work performance.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
MANAGEMENT	NO – CONTRIBUTING	YES – MITIGATING
Were instructions to complete task adequate and unambiguous?	<input type="checkbox"/>	<input type="checkbox"/>
Was there adequate Supervision? <i>(Supervisor in attendance, Familiar with the Site, Experienced in the Task.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
SYSTEMS	NO – CONTRIBUTING	YES – MITIGATING

Had the work been subject to a comprehensive Risk Assessment?

<input type="checkbox"/>	<input type="checkbox"/>
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Did the Assessment of Risk and Safe Work Procedures adequately consider the risk and define appropriate controls? *(Including Isolation Procedures; Plant ,Equipment & Tools; and Personal Protective Equipment)*

<input type="checkbox"/>	<input type="checkbox"/>
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Were all applicable Permits to Work in place?

<input type="checkbox"/>	<input type="checkbox"/>
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Where applicable, were Contractors subject to pre-qualification assessment of their HSE Management Systems, Induction pre-engagement, Inspection of their tools and equipment, and ongoing verification of compliance with our requirements?

<input type="checkbox"/>	<input type="checkbox"/>
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PLANT/EQUIPMENT/TOOLS INCLUDING PPE

NO - CONTRIBUTING

YES - MITIGATING

Were the Plant/Equipment/Tools, including PPE used, suitable for the task?

<input type="checkbox"/>	<input type="checkbox"/>
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Were the Plant/Equipment/Tools including PPE maintained in a sound and serviceable condition?

<input type="checkbox"/>	<input type="checkbox"/>
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ENVIRONMENT

NO - CONTRIBUTING

YES - MITIGATING

Was their safe access to perform the task without risk?

<input type="checkbox"/>	<input type="checkbox"/>
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Was their adequate lighting to perform the task without risk?

<input type="checkbox"/>	<input type="checkbox"/>
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Were working surfaces suitable to perform the task without risk?

<input type="checkbox"/>	<input type="checkbox"/>
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Was housekeeping maintained at a standard such that it did not compromise the ability to perform the task without risk?

<input type="checkbox"/>	<input type="checkbox"/>
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Were the environmental conditions such that it did not impact upon the ability to perform the task without risk? *(i.e. Hot, Cold, Dry, Wet)*

<input type="checkbox"/>	<input type="checkbox"/>
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Was the workplace free of environmental factors with the potential to impact upon the ability to perform the task without risk? *(e.g. Noise, Vibration, Dust & Fumes)*

<input type="checkbox"/>	<input type="checkbox"/>
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SECTION F: ROOT CAUSE

Identify the Root Cause - Ask the WHYS?

Factor 1:	[]
Factor 2:	[]
Factor 3:	[]
Factor 4:	[]
Root Cause:	[]

SECTION G: CORRECTIVE ACTIONS

Corrective Action 1:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 2px;">Corrective Action:</th> <th style="width: 30%; padding: 2px;">Responsible Party</th> <th style="width: 20%; padding: 2px;">Target Date</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">[]</td> <td style="padding: 2px;">[]</td> <td style="padding: 2px;">[]</td> </tr> </tbody> </table>	Corrective Action:	Responsible Party	Target Date	[]	[]	[]
	Corrective Action:	Responsible Party	Target Date				
[]	[]	[]					
<p>Details:</p> <p>[]</p>							
Corrective Action 2:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 2px;">Corrective Action:</th> <th style="width: 30%; padding: 2px;">Responsible Party</th> <th style="width: 20%; padding: 2px;">Target Date</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">[]</td> <td style="padding: 2px;">[]</td> <td style="padding: 2px;">[]</td> </tr> </tbody> </table>	Corrective Action:	Responsible Party	Target Date	[]	[]	[]
	Corrective Action:	Responsible Party	Target Date				
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<p>Details:</p> <p>[]</p>							
Corrective Action 3:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 2px;">Corrective Action:</th> <th style="width: 30%; padding: 2px;">Responsible Party</th> <th style="width: 20%; padding: 2px;">Target Date</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">[]</td> <td style="padding: 2px;">[]</td> <td style="padding: 2px;">[]</td> </tr> </tbody> </table>	Corrective Action:	Responsible Party	Target Date	[]	[]	[]
	Corrective Action:	Responsible Party	Target Date				
[]	[]	[]					
<p>Details:</p> <p>[]</p>							
Corrective Action 4:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 2px;">Corrective Action:</th> <th style="width: 30%; padding: 2px;">Responsible Party</th> <th style="width: 20%; padding: 2px;">Target Date</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">[]</td> <td style="padding: 2px;">[]</td> <td style="padding: 2px;">[]</td> </tr> </tbody> </table>	Corrective Action:	Responsible Party	Target Date	[]	[]	[]
	Corrective Action:	Responsible Party	Target Date				
[]	[]	[]					
<p>Details:</p> <p>[]</p>							

SECTION H: BUSINESS UNIT ACKNOWLEDGEMENT

Supervisor/Manager:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Regional Manager:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Group HSEQ Manager:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Executive Manager:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Name</i>	<i>Signature</i>	<i>Date</i>

SECTION I: EXECUTIVE REVIEW

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name</i>	<i>Position</i>	<i>Signature</i>	<i>Date</i>