

Ref No:



Accident and Incident Investigation Form

Overview

Reported by:			Date/time of event:	
Incident	Ill Health	Minor Injury	Serious Injury	Major Injury

Brief details (What, where, when, who and emergency measures taken):

Forwarded to:

Date:

Time:

Accident and Incident Investigation Form

Initial Assessment (to be carried out by person responsible for health and safety)

Type of event

Actual/potential for harm

Accident	
Ill health	
Near-miss	
Dangerous Occurrence	

Fatal or Major	
Serious	
Minor	
Damage Only	

RIDDOR reportable?	Y/N	Date/time reported
Entry in accident book	Y/N	Date entered/reference

Investigation Level

High level		Low level	
Medium level		Minimal	

Initial assessment carried out by:		Date:
Further investigation required?	Y/N	Priority
For investigation by:		

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Step 1 Investigation information gathering

1. Where and when did the accident/incident happen?

2. Who was injured/suffered ill health or was otherwise involved with the accident / Incident?

3. How did the accident/incident happen? (Note any equipment involved).

4. What activities were being carried out at the time?

5. Was there anything unusual or different about the working conditions?

6. Were there adequate safe working procedures and were they followed?

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Step 1 Investigation information gathering

7. What injuries or ill effects, if any, were caused?

8. If there was an injury, how did it occur and what caused it?

9. Was the risk known? If so, why wasn't it controlled? If not known, why not?

10. Did the organisation and arrangement of the work influence the accident / incident?

11. Was maintenance and cleaning sufficient? If not, explain why not.

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Step 1 Investigation information gathering

12. Were the people involved competent and suitable?

13. Did the workplace layout influence the accident / incident?

14. Did the nature or shape of the materials influence the accident / incident?

15. Did difficulties using the equipment influence the accident / incident?

16. Was the safety equipment sufficient?

17. Did other conditions influence the accident / incident?

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Step 2 Analysis and further Action

18. What were the immediate and underlying causes?

ANALYSIS

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Step 3 Identifying suitable risk control measures

19. What risk control measures are needed/recommended?

1

2

3

4

5

6

7

20. Do similar risks exist elsewhere? If so, what and where are they?

21. Have similar accidents / incidents occurred before? Give details.

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Step 4 The risk control action plan

22. Which risk control measures should be implemented in the long and short term?

Control Measure	Completion Date	Person Responsible
1		
2		
3		
4		
5		

23. Which risk assessments and safe working procedures need to be reviewed and updated?

Name of risk assessment safe working procedure	Completion Date	Person responsible

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Step 4 The risk control action plan

24. Have the details of the accident / incident and the investigation findings been recorded and analysed? Are there any trends or common causes which suggest the need for further investigation? What did the accident / incident cost?

25. Signed on behalf of the investigation team:

Name:

Signature:

26. Members of the Investigation Team:

Name	Position