

Hazard, Incident and Investigation Report Template

Purpose: Use this form to record information about events that do or can harm people, property or the work environment, and to record actions to prevent the event happening again.

Incident Number	
Incident Details	
Type Hazard Near Miss Breach of proc Other Date (DD/MM/YYYY) Time Location	edure Injury/Illness Non-Work Related
Notifiable Incident Details (refer to Sa Notifiable Event Date (DD/MM/YYYY) Yes No Reason for Notifying	feWork NSW for a definition) Time Notified
Details of Person/s involved in the inc	ident
Employee Contractor Visitor	Customer Last Name
Date of Birth (DD/MM/YYYY) Gender Male Fer	Employment Start Date (DD/MM/YYYY) male
Employee Number	Contact Number(s)
Email	
Address	

Inte	erpreter Required	If Yes, Language						
	Yes No							
Manager's Name		Cor	Contact Number					
Oth	ner People Involved							
Inc	cident reported	to						
Firs	t Name		Las	t Name				
Job	Title		Dat	e/Time				
W	itnesses							
Name		Cor	Contact Number					
Name		Contact Number						
Nar	me		Cor	ntact Numbe	er			
Nar	mo		Cor	stact Numbe	O.K.			
Name		Contact Number						
Inj	ury/illlness Deta	ails						
Nat	ture of Injury/Illness			1				
	Sprain/Strain	Laceration		Bruise		Fracture	9	Burn
	Head Injury	Psychological		Other				
Inju	ured Body Location(s)						
	Head/Face	Chest/Abdomen		Hand/Fing	ers		Foot/	Гoes
	Neck	Back		Shoulder			Arm	
	Elbow	Wrist		Нір			Leg	
	Knee	Ankle		Other				
Inju	ured Body Area(s)							
	Right	Left		Тор		Bottom		Upper
	Mid	Lower		Other				

Injury/illiness Treatment Nature of Injury/Illness First Aid Doctor Hospital **Details of Treatment** Treatment Provider(s) **Incident Description Key Findings Contributing Factors People** Procedure not followed Required PPE not used Using tools / equipment unsafely Improper technique Lack of situational awareness Fatigue Distraction Rushing / Time Pressure Affected by drugs or alcohol Personal Issues Other Lack of consultation / communication **Environment** Noise Insufficient lighting Dust / fumes Vibration Insufficient workspace Slip / trip hazard

Weather

Other

Temperature

Equipment						
Equipment failure	Inadequate maintenance	Pre-start inspect	Pre-start inspection not completed			
Inadequate guarding	Incorrect equipment for the task	Other	Other			
Procedures						
No procedure in place	Hazard not identified	Inadequate contr	ols implemented			
Hazard not reported	Other					
Organisation						
Lack of training	No supervision	Inadequate resou	rces			
Workload	Task allocation	Other				
Immediate Correct	tive Actions taken					
	Tive / tetions taken					
Corrective Actions						
Corrective Actions		Due Date	Completion Date			
Corrective Actions Required	Responsibility	Due Date	Completion Date			
		Due Date	Completion Date			
		Due Date	Completion Date			
		Due Date	Completion Date			
		Due Date	Completion Date			
		Due Date	Completion Date			
	Responsibility	Due Date	Completion Date			
Required	Responsibility	Due Date	Completion Date Completion Date			
Preventative Actio	Responsibility					
Preventative Actio	Responsibility					
Preventative Actio	Responsibility					
Preventative Actio	Responsibility					

Incident Investigation Team

Name	Job Title
Form completed by	
First Name	Last Name
Job Title	
Signature Date	(DD/MM/YYYY)

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