Seawolf Building Co.

Incident Investigation Form

Site: _____

PARTICULARS OF INCIDENT			
Date of incident:	Time:	Location:	Date reported:

THE INJURED PERSON				
Name:			Address:	
Age:	Phone number:			
Date of incident:			Length of employment:	
TYPE OF INJURY:	☐ Bruising	☐ Dislocation	☐ Other (specify)	Injured part of body:
☐ Strain/sprain	☐ Scratch/abrasion	☐ Internal		
☐ Fracture	☐ Amputation	☐ Foreign body	Remarks:	
☐ Laceration/cut	☐ Burn scald	☐ Chemical reaction		

DAMAGED PROPERTY	
Property/ material damaged	Nature of damage
	Object/substance inflicting damage

THE INCIDENT

Description

Describe what happened (space overleaf for diagram - essential for all vehicle incidents)

Analysis

What were the causes of the incident?

HOW BAD COULD IT HAVE BEEN?	WHAT IS THE CHANCE OF IT HAPPENING AGAIN?
☐ Very serious ☐ Serious ☐ Minor	☐ Often ☐ Occasional ☐ Rare

Prevention

What action has or will be taken to prevent a recurrence? Use space overleaf if required	Tick items already actioned	By whom	When

TREATMENT AND INVESTIGATION OF INCIDENT			
Type of treatment given	Name of person giving first aid	Doctor/Hospital	
Incident investigated by:	Date:	OSH advised ☐ YES ☐ NO	Date: