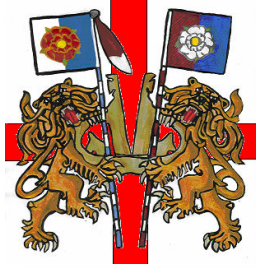
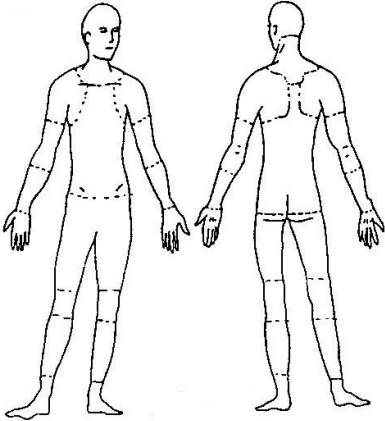


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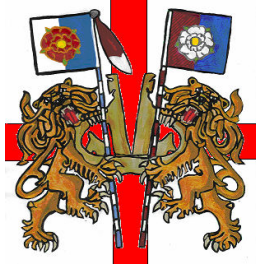


Incident Investigation Report

This is a report of a: <input type="checkbox"/> Injury <input type="checkbox"/> First Aid <input type="checkbox"/> Near Miss	
Date of incident:	This report is made by:

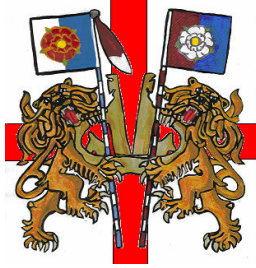
Step 1: Injured person		
Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Where did this incident occur:		
Part of body affected: (shade all that apply) 	Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Animal Bite <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	

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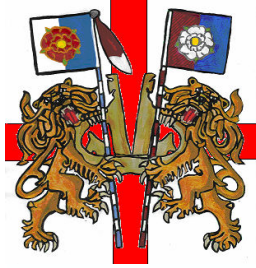
Step 2: Describe the incident	
Exact location of the incident:	Exact time:
Names of witnesses (if any, please get signed witness statements to the incident if possible, plus photographs and any other relevant material facts):	

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Step 3: Why did the incident happen?	
Unsafe conditions: (List)	Unsafe acts by people: (List)
Why did the unsafe conditions exist?	Why did the unsafe acts occur?
Were the unsafe acts or conditions reported prior to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have there been similar incidents or near misses prior to this one? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

Step 5: Who completed and reviewed this form? (Please Print)

Written by:

Title:

Date:

Names of investigation team members:

Reviewed by:

Title:

Date: