

S2 – Accident Investigation Form H&SANMR01

1. General Information

Site

Date & time of incident

Location of the accident

Responsible manager

Name of investigator

Assisted by

Date of investigation

Investigation number

2. Accident Summary

	Please tick	Status
Fatal accident	<input type="radio"/>	Reportable to HSE
Major injury	<input type="radio"/>	Reportable to HSE
7+ day injury	<input type="radio"/>	Reportable to HSE
Reportable dangerous occurrence	<input type="radio"/>	Reportable to HSE
Lost-time injury: 6 days or less	<input type="radio"/>	Not reportable to HSE
First aid — no lost time	<input type="radio"/>	Not reportable to HSE
No first aid — no lost time	<input type="radio"/>	Not reportable to HSE
Non-reportable dangerous occurrence	<input type="radio"/>	Not reportable to HSE
Near hit	<input type="radio"/>	Not reportable to HSE

3. Accident Type

	Please tick		Please tick
Slip, trip or fall on same level	<input type="radio"/>	Contact with electricity	<input type="radio"/>
Fall from height	<input type="radio"/>	Penetrating eye injury	<input type="radio"/>
Contact with moving vehicle	<input type="radio"/>	Exposure to fire or hot substance	<input type="radio"/>
Struck by moving or falling object	<input type="radio"/>	Exposure to harmful substance	<input type="radio"/>
Contact with moving machinery	<input type="radio"/>	Explosion	<input type="radio"/>
Manual handling injury	<input type="radio"/>	Misfire/flyrock	<input type="radio"/>
Collapse of stockpile or haul road	<input type="radio"/>	Other	



4. Location of Injury - Area of Body

	Please tick		Please tick
Eye	<input type="radio"/>	Leg	<input type="radio"/>
Head	<input type="radio"/>	Ankle	<input type="radio"/>
Face	<input type="radio"/>	Foot	<input type="radio"/>
Neck	<input type="radio"/>	Arm	<input type="radio"/>
Upper back	<input type="radio"/>	Hand	<input type="radio"/>
Lower back	<input type="radio"/>	Finger	<input type="radio"/>
Hip	<input type="radio"/>	No injury	<input type="radio"/>

5. Accident Details

Name of injured person

Job title

Date of birth

National insurance number

Employee Contractor Visitor Other

Please explain what happened

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Resulting outcome

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At the time of the investigation where is the injured person?

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What was the first day of absence?

Date resumed work

Total days lost



6. Documentation

What task was being undertaken?

Has a site specific risk assessment been undertaken for the task? Yes No

Was a safe system of work in place? Yes No

Have all relevant people received a copy of this safe system of work? Yes No

Have these documents been reviewed since the accident? Yes No

Was a permit to work required to undertake this task? Yes No

If yes, was the permit completed correctly? Yes No

Was authorisation needed to undertake this task? Yes No

Who was supervising the task?

7. Training

Has this training been recorded and filed? Yes No

Have all people involved in the incident received sufficient training in relation to the task that was being performed? Yes No

8. Equipment

Was the correct equipment available to undertake the task? Yes No

Specify the equipment used?

Was the correct PPE available? Yes No

Specify the PPE used?

9. Environment

What were the site conditions like?

Was the access suitable? Yes No

What were the weather conditions at the time of the accident (including visibility)?

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Other conditions

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10. Other information

Did the emergency procedures work after the accident occurred? Yes No

Were there any witnesses?
If yes, please attach witness statements Yes No

Has this type of incident happened before? Yes No

If yes, give details

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Is there any other information which may benefit the investigation? Yes No

If yes, give details

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11. Conclusions & Recommendations

The purpose of an investigation is to identify the underlying cause of the accident and the factual events that led up to it.

Conclusion:

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The following recommendations have been agreed with the site management.

Recommendation	Responsibility	Completed by	Date
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Responsible manager signature

