

MACHINE SAFETY STARTS WITH YOU.

INCIDENT/NEAR MISS INVESTIGATION FORM

Note: this template is for internal use only, and should not be submitted to SafeWork NSW

The reason for investigating an incident or near miss is to determine: the cause or causes of the incident; to identify any risks, hazards, systems or procedures that contributed to the incident; and to recommend corrective action to prevent similar incidents.

Incidents should be investigated by people knowledgeable about the type of work involved at the time of the incident. HSRs or relevant workers should also be involved in the investigation.

An incident /near miss investigation report should answer the WHO, WHERE, WHEN, WHAT, WHY and HOW questions with regard to an incident.

(INSERT YOUR BUSINESS NAME HERE)

DETAILS OF THE INCIDENT/NEAR MISS

Short description of incident / near miss:

Area where incident / near miss occurred:

Date of incident:

Time of incident:

DETAILS OF THE INCIDENT/NEAR MISS INVESTIGATION

Name of injured person (if relevant):

Injury sustained (if relevant):

Name of person who reported incident:

Date of report:

Name of person completing this form:

Telephone number:

Date report completed:

WITNESS DETAILS

Name/s

Name of person/s conducting investigation

Job title (if relevant)

Job title (if relevant)

Contact number

Contact number

FULL DESCRIPTION OF EVENTS

Briefly describe what happened including the sequence of events, investigate scene of incident or near miss; who was involved e.g. worker, visitor; conditions present at time of incident; what was involved, what activity (if any) was taking place prior and at time of incident. What hazards was the worker exposed to? What hazards may have contributed to the incident occurring? Attach photos if available.

When the following serious incidents (known as notifiable incidents) occur, they must be immediately reported to WorkCover and possibly your Scheme Agent/Insurer in the timeframes provided in the table below.

WITNESS DETAILS	REPORT TO	TIMEFRAME
Serious incidents involving a death (fatality) or a serious injury or illness	1. SafeWork 1310 50 and 2. icare 13 77 22	Immediately Within 48 hrs
Serious incidents involving injury or illness to non-workers at your workplace	SafeWork 13 10 50	Immediately
Other incidents involving an injury or illness where workers compensation is payable	icare 13 77 22	Within 48 hrs

COMPLETE THE FOLLOWING BASED ON THE TYPE OF INCIDENT (IF APPLICABLE)

SafeWork NSW notified (13 10 50)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
icare notified (13 77 22)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Incident scene preserved (required by law)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

LIST ALL CAUSES OF THE INCIDENT

COMMENTS

INVESTIGATION RECOMMENDATIONS

Eg. new equipment, re-engineer, re-design work area, re-design work practices, review training standards, etc

IMPLEMENTATION DETAILS

Including action taken, date implemented, responsible person, date for review



For more information on your legal obligations, making a Safety Promise, the Mentor or Small Business Rebate Programs visit www.safework.nsw.gov.au or call 13 10 50.

**NO MATTER WHAT YOU DO,
SAFETY STARTS WITH YOU.**

www.safework.nsw.gov.au

Ph 13 10 50