



INCIDENT INVESTIGATION REPORT FORM

Refer to EGW SOP 104 for assistance in conducting an incident investigation. The Objective of an investigation is to identify and modify process/system problems and prevent recurrence, NOT TO attribute blame. This report is to be completed by the leader of the Incident Investigation Team and held on the Accident Incident Manual within each depot and Bairnsdale Office.

A copy is to be forwarded to the Manager Business Risk and Compliance) on completion.

Investigation Start Date: Investigation Finish Date:

EVENT DESCRIPTION Describe event in terms of what happened, what activity was being performed and what plant, equipment, tools or substances were being used.

.....
.....
.....
.....
.....

DID THIS INCIDENT RESULT IN A LOST TIME INJURY? YES NO

DETAILED FACTS OF INCIDENT List all facts present or known around the time of the event. Consider factors of design, process/systems, environment and human significance.

.....
.....
.....
.....
.....
If more space is required, please attach details

ESSENTIAL CONTRIBUTING FACTORS Would the incident still have occurred if these factors were not present, can these factors be controlled?

.....
.....
.....
.....
.....

PREVENTIVE/CORRECTIVE ACTION/S Describe the action necessary to eliminate or control the effect of all the essential contributing factors listed above. Refer to 'Hierarchy of Controls' in 'Incident Investigation Checklist' and in SOP 103 Hazard Management

ACTION (Specific)	RESPONSIBILITY	Target Date	Completion Date

Examples of action areas (need to be more specific)
Change to Work Process Equipment/Machinery Modification Maintenance/Risk Control
Change to Training Change to Work Environment Other Preventive Action

INVESTIGATION TEAM MEMBERS:

Team Leader/Area Manager..... OHS Representative.....

Others

For HSE Team Use Only

REVIEW OF CONTROL MEASURES: Comment on the effectiveness of controls implemented as follows:

Have the controls implemented as a result of this incident been effective in eliminating or reducing risks to an acceptable level? Yes / No

Support your answer:

Has a risk assessment determined that other new hazards have not been introduced? Yes / No

Support your answer:

SIGN OFF OF INCIDENT:

Signed off by: _____

Position: _____

Date: _____