

INCIDENT REPORTING & INVESTIGATION FORM

Site/Project:

Date:

Supervisor:

Phone:

Project Contact:

Fax:

1. Details of Incident Reported to:

Supervisor

HSEQT Manager

Other

Time of Incident:

Near Miss

Fatality

Date of Incident:

First Aid Injury

Property Damage

MTI

Environmental Complaint

Lost Time Injury

Environmental Damage

Exact Location in the workplace:

2. Details of Injured Person:

IPS Employee

Subcontractor

Client Employee

Surname:

First Name:

Occupation:

Immediate Supervisor:

Time Reported:

Time Left Work:

Date Reported:

Date Left Work:

3. Details of Injury:

Assessment By:

First Aider

Medical Center

Hospital

Nature of Injury	Body Location	Mechanism of Injury	Agency of Injury
Fracture	Eye	Fall from Height	Machinery / Fixed Plant
Dislocation	Ear	Fall Same Level	Mobile Plant
Sprain / Strain	Face	Strike Against	Road Transport
Internal Injury	Head	Struck By	Other Transport
Amputation	Neck	Exposure to Noise	Powered Equipment Tools
Open Wound	Back	Exposure to Pressure	Non Powered Hand Tools
Superficial Injury	Trunk	Repetitive Movement	Non Powered Equipment
Contusion	Shoulders / Arms	Other Muscular Stress	Chemicals
Foreign Body	Hands / Fingers	Contact with Electricity	Other Materials / Substance
Burns	Hips / Legs	Exposure to Heat / Cold	Outdoor Environmental
Toxic Effects	Feet / Toes	Exposure to Substances	Internal Vessel Environmental
Environmental Effects	Internal Organs	Other (give details)	PPE
Multiple Injuries	Multiple Locations		Other (give details)
Other (give details)	Unspecified		Unspecified Agencies

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4. Description of Incident (What happened? Information must be accurate)

5. Name of Witnesses: (attach copies of witness statements if possible)

1. _____
2. _____
3. _____
4. _____

NOTIFICATION OF THE INCIDENT

Who was immediately notified of the incident? What procedures (if any) were followed?

Was the incident reported to Client?

When: _____

Who By: _____

Immediate Advice Received? Yes No

Were authorities notified of the incident?

Whom: _____

When: _____

Why: _____

Additional Comments (attach any photos, client reports etc. that may be applicable)

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NOTIFICATION OF THE INCIDENT

6. What specific instructions were given prior to the incident?

7. What factors contributed to the incident? (Immediate and Basic Causes)

8. Underlying cause/s contributing to the incident? (System Causes)

9. Remedial Action Plan: What actions are being put in place to prevent recurrence?

Remedial Action 1:	
Person Responsible:	Target Date:
Remedial Action 2:	
Person Responsible:	Target Date:
Remedial Action 3:	
Person Responsible:	Target Date:
Remedial Action 4:	
Person Responsible:	Target Date:

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10. Follow-up and Close Out

Remedial Action Items Implemented:	Yes (File Report)	No (Give Reasons)
<div></div>		
<div> (Print) Name: Signature: Date: </div>		

11. Acknowledged

Employee:		Date:	
Supervisor:		Date:	
Safety / QA Manager:		Date:	
Chief Executive Officer:		Date:	