Incident Report

Incident reports must be submitted to the Safety Manager within 24 hours by the Supervisor

Department:	**Incident Date :** **Incident Time :** **Normal shift finish time :**
Location of Incident:	**Date of report:**
Witnesses : ***Please attach signed witness statement forms for all inceidents involving personal injury***	
Supervisor :	
Description of Incident	

Injury or Illness		Part of body injured :
Name of Injured:	Occupation of injured:	Date of Birth of injured:
Length of service in this job:	Was person performing normal duties:	Hours on shift prior to accident
Date of resumption of Work : Anticipated absence if not back :		Object/equipment/substance inflicting harm :

Injury Management ***(TO BE COMPLETED BY FIRST AIDER).***			Name of First Aider:
Body Part Affected :	Head ☐. Neck ☐. Trunk ☐. Arm ☐. Hand ☐. Fingers ☐. Leg ☐. Ankle ☐. Foot ☐ Eye ☐. Back ☐. Chest ☐. Multiple ☐. Others:(Define)		
Nature of Injury / Disease :	Fracture of Spine ☐. Other Fracture ☐. Dislocation ☐. Sprain / Strain ☐. Amputation ☐. Laceration ☐. Bruising ☐. Abrasion ☐. Burn ☐. Puncture Wound ☐. Poisoning / Toxic Effect ☐. F/Body ☐. Internal Injuries ☐ Other		
Signs & Symptoms & Treatment:			
Injury Status :	Site First Aid ☐.	Clinic First Aid ☐.	Doctor ☐.
Hospital ☐.	Full Duties ☐.	Alt Duties ☐.	Lost Time ☐.

Other Incident or Property Damage :	
Describe nature of damage :	Cost Estimates:
Object/equipment/substance related:	Person with most control of item : Occupation:

Evaluation of Loss Potential if not corrected :	
Loss Severity Potential ☐ Major ☐ Minor ☐ Serious	Probability of Occurrence ☐ Frequent ☐ Occasional ☐ Seldom

Type of Contact:	**Contact with:**
□ Struck against □ Struck by □ Caught in □ Caught on □ Slip □ Fall on same level □ Fall to below □ Overexertion	□ Electricity □ Heat □ Cold □ Radiation □ Corrosives □ Noise □ Toxic or noxious substance

Immediate causes (What sub standard actions & conditions caused the event):
Tick all applicable below and explain here:

SUBSTANDARD ACTIONS	**SUBSTANDARD CONDITIONS**
□ Operating equipment without authority □ Failure to warn □ Failure to secure □ Operating at improper speed □ Making safety devices inoperable □ Removing safety devices □ Using defective equipment □ Using equipment improperly □ Failure to use PPE properly □ Improper loading □ Improper placement □ Improper lifting □ Improper position for task □ Servicing equipment in operation □ Horseplay □ Under influence of alcohol or drugs □ Working in dangerous situation • Non-adherence to rules/standards	□ Inadequate guards or barriers □ Inadequate or improper protective equipment □ Defective tools equipment or materials □ Congested or restricted action □ Inadequate warning system □ Fire and explosion hazard □ Poor housekeeping disorder □ Hazardous environmental conditions (gas, dust etc.) □ Noise exposures □ Radiation exposure □ High or low temperature exposures □ Inadequate or excess illumination □ Inadequate ventilation □ Defective PPE □ Inadequate equipment

Basic Causes (What personal factors or fundamental job factors caused the event**:**
Tick all applicable below and explain here:

PERSONAL FACTORS	**JOB FACTORS**
□ Inadequate capability □ Lack of knowledge □ Lack of skill □ Stress □ Improper motivation	□ Inadequate Leadership □ Inadequate engineering □ Inadequate purchasing □ Inadequate maintenance □ Inadequate tools & equipment □ Inadequate work standards □ Wear & Tear □ Abuse or misuse

Lack of Control: **I**nadequacies in the safety management standards or compliance with the standards : ***Please comment on all applicable below:***

□ Failure to plan effectively, comment:
□ Failure to direct/instruct/train, comment:
□ Failure to organise resources needed (not present, proper or in safe condition), comment
□ Failure to control (ensure job was conducted as planned), comment:

Remedial Action to Prevent Reoccurrence	**By Whom**	**When**	**Status**	**Sign when completed**

Employee's Comments:

Employee's Name: ______________________ **Signature:** _________________________ **Date:** _____________

Supervisor's Comments:

Supervisor's Name: _______________________ **Signature:** _________________________ **Date:** _________

Department Manager's Comments:

Department Manager's Name: _____________ **Signature:** ______________________ **Date:** _______________

(Original to Safety – copy to be routed below for feedback)

Feedback	**Date:**	**Sign:**
Manager to Supervisor		
Supervisor to Employee		

Signature of Lead Investigator:	**Date:**
Signature of Reviewer(relevant Head of Dept.):	**Date:**

Please forward completed report to SAFETY Manager within 24 hours of incident.

Witness Incident Analysis Form

A form must be completed by:
✓ *the injured person*
✓ *all persons in the immediate vicinity at the time*
✓ the relevant supervisor

Please read the questions below and answer any you think are relevant. The information you provide will help us to better understand the underlying causes of incidents and prevent them from occurring again.

Name of Injured:	**Occupation of injured:**
Briefly describe in your own words, the activities you were engaged in just before the event: (Please provide additional pages/sketches if needed to clarify)	

1. Planning	
How was the work authorised? (tick the relevant box) Permit to work ☐ Work Order ☐ Written Instruction ☐ Verbal Instruction ☐	
If work was authorised verbally, by whom?	
Was a risk assessment carried out?	Yes ☐ No ☐
Were the risk assessment results adequately communicated to you?	Yes ☐ No ☐
Were any planning conflicts identified before the job was started?	Yes ☐ No ☐
Were the controls sufficient to reduce the risk as far as reasonably practicable?	Yes ☐ No ☐
Did a toolbox talk take place?	Yes ☐ No ☐
Were the duties and tasks clearly explained to you?	Yes ☐ No ☐
Was a site visit used to help plan the job?	Yes ☐ No ☐
Was a job 'walkthrough' performed?	Yes ☐ No ☐
Did the work commence before all necessary materials and equipment were on the job site?	Yes ☐ No ☐
Any other comment on the job planning:	

2. Tools and Equipment	
Were the necessary tools and equipment available for the job?	Yes ☐ No ☐
Were they used?	Yes ☐ No ☐
Were they in good working order?	Yes ☐ No ☐
Were personnel trained in their use?	Yes ☐ No ☐
Was person authorised to use equipment?	Yes ☐ No ☐
Was equipment being operated safely?	Yes ☐ No ☐
If equipment was being operated unsafely was it: Operating at improper speed ☐ Improper loading ☐ Improper lifting ☐ Improper position for Task ☐ Other ☐	
Were safety devices inoperable?	Yes ☐ No ☐
Was the appropriate PPE available?	Yes ☐ No ☐
Was the appropriate PPE worn?	Yes ☐ No ☐
Was the quality of the PPE adequate?	Yes ☐ No ☐
Any other comment on the PPE or equipment:	

3. Work Environment ***(tick the box next to the statements you agree with)***	
Weather:	Rain ☐ Snow ☐ Wind ☐ Hail ☐ Fog ☐
Caused difficulty in:	Visibility ☐ Touch ☐ Movements ☐
Slippery floor due to:	Wet ☐ Oil ☐ Ice ☐ Snow ☐ Chemical spill ☐
Uncomfortable degree of:	Heat ☐ Cold ☐ Humidity ☐
Lighting & Noise	Insufficient light for task ☐ Glare hampers visibility ☐ Distracting levels of noise ☐
Physical Access	Fully obstructed ☐ Partially Obstructed ☐ Congested Work Area ☐ Confined Space ☐
Visual Access	Fully obstructed ☐ Partially Obstructed ☐
Ventilation	Area tested for noxious and gaseous fumes ☐ Dust present ☐
Task requires	Twisting ☐ Stooping ☐ Strenuous pushing/pulling ☐ Reaching upwards/outwards ☐ Repetitive handling ☐ Keeping the same position for a long time ☐
Manual Handling	Heavy ☐ Bulky/awkward ☐ Unstable/unpredictable ☐
Housekeeping	Excellent ☐ Adequate ☐ Poor ☐
Machine Guarding/Barriers	Adequate ☐ In place ☐
There was no problem with the work environment Yes ☐ No ☐	
Any other comment on the work environment:	

4. Written Work Practices	
Were written work practices available for the job?	Yes No
Were written work practices used for the job?	Yes No
Should there have been written work practices in place but were not?	Yes No
Were the written work practices correctly followed?	Yes No
Were the written work practices specific only to the job?	Yes No
Have you used the specific written work practices before?	Yes No
Did the written work practices describe the safest way of doing the job?	Yes No
Were the written work practices appropriate for the job?	Yes No
Were the written work practices difficult to follow?	Yes No
Were the instructions clear?	Yes No
Did you take any shortcut which involved little or no risk?	Yes No
Did you ignore safety regulations to get the job done?	Yes No
Did any of the following cause pressure in the job? Previous job delayed Inefficient scheduling of task by planners Lack of staff Inefficient organisation of work by Supervisors Not enough time allocated to the task Financial incentives	

5. Job Factors
How familiar were you with the task? Performed frequently Performed infrequently
Was the Task? Complicated Lengthy Repetitive Boring New/changed
Complete the following section if you carry out more than one job*(Tick boxes next to statements you agree with):* Combining my different jobs is difficult Side activities are more demanding than the main one I have no problem carrying out more than one job I am often mentally overloaded I am often physically overloaded

6. Person Factors(tick the boxes nest to statements you agree with)	
Was your attention distracted from your task?	Yes No
Were you pre-occupied with your thoughts elsewhere?	Yes No
Was your attention divided across many tasks?	Yes No
Was your attention too focussed on one aspect of the task?	Yes No
Was anything you saw mistaken or misidentified?	Yes No
Was any information misheard?	Yes No
Did you fail to recognise information through touch	Yes No
Did you forget to do any stage of the task?	Yes No
Did you fail to consider other relevant factors?	Yes No
Did you loose your place?	Yes No
Did you see or hear information correctly but misunderstood its meaning?	Yes No
Did you choose/apply an incorrect solution?	Yes No
Did you choose/apply part of a solution	Yes No
Were any of the following aspects a factor for you personally? Physical fatigue Fear of failure Frustrated Mental Fatigue Lack of motivation Worried about things at home Excessive workload Low morale Rushed	

7. Training & Skills	
Were you provided with any training on how to perform the job?	Yes ☐ No ☐
If no, do you consider training was required for the job?	Yes ☐ No ☐
Did training prepare you for this situation?	Yes ☐ No ☐
Were you provided with training on how to use any special equipment or tools?	Yes ☐ No ☐
Did you receive any training on the risk aspect of the job or situation?	Yes ☐ No ☐
Did you consider the training provided for the job was adequate?	Yes ☐ No ☐
Were you evaluated on completion of training to ensure you had the required skills?	Yes ☐ No ☐
Had you practised the skills you learned since training?	Yes ☐ No ☐
Was on the job training provided?	Yes ☐ No ☐
Have you had any refresher training?	Yes ☐ No ☐
Do you think refresher training is needed?	Yes ☐ No ☐
Any other comment on training:	

8. Supervision	
Did the immediate Supervisor provide adequate support during the work?	Yes ☐ No ☐
What level of supervision was provided for the job? No supervision ☐ Direct Supervision – present at worksite for whole/part of the job ☐ Indirect Supervision – present at job planning stage only ☐ Safety Supervision only ☐	
Was progress of the job adequately monitored?	Yes ☐ No ☐
Was the job over supervised?	Yes ☐ No ☐
Was the job too complex?	Yes ☐ No ☐
Describe the supervision of the job Competent ☐ Good motivator ☐ Aggressive ☐ Gave adequate job instruction ☐ Good man management skills ☐ Fair with discipline ☐ Good feedback ☐ Not committed to safety ☐ Sensitive to pressure ☐	
Any other comment on the supervision:	

9. Communication	
Was the message/briefing clear and concise so you could understand it?	Yes ☐ No ☐
Was the message/briefing clear and concise so you could understand it?	Yes ☐ No ☐
Was the message communicated in a timely manner?	Yes ☐ No ☐
Did you have the opportunity to ask questions?	Yes ☐ No ☐
Were there poor communications (Tick the boxes next to the statements you agree with): Within your team ☐ Between your supervisor and your team ☐ Between shift handovers ☐ Between shift rotations ☐ Between related teams/departments ☐	

10. Team Work	
Have you worked with your team members before?	Yes ☐ No ☐
Were there enough workers allocated to the task?	Yes ☐ No ☐
In your opinion were the appropriate staff selected for the task?	Yes ☐ No ☐
Were any of the following a factor with your work group? Low morale ☐ Unsafe working practices ☐ Lack of motivation ☐ Discipline of crew ☐ Poor communication ☐ Violations of procedure ☐ Disagreements/hostility ☐ Not willing to stand up to superiors ☐	

11. Workplace Atmosphere	
Do you feel there is an open incident reporting system at your place of work?	Yes ☐ No ☐
Do you feel that people at your workplace are punished for slips or mistakes?	Yes ☐ No ☐
Are shortcuts allowed/tolerated?	Yes ☐ No ☐
Would your company stop work due to safety concerns, even if it meant losing money?	Yes ☐ No ☐
Are there recurrent violations of rules at you workplace?	Yes ☐ No ☐
Any other comments on workplace atmosphere:	

12. Preventing reoccurrence
If you were to do this job again, what would you do differently to avoid the incident?

Signed by Witness: ___________________________ Date:__

NEAR MISS Report

A near miss incident where there is no loss be it injury or property damage however it could have resulted in personal harm/ damage under slightly different circumstances

Date : **Time :**	**Area of Occurrence :** **Observer :**
Description of Near Miss :	
Cause :	
Immediate Corrective Action :	
Further action or help needed:	
Signed :	**Date :**

Please forward to SAFETY Manager within 24 hours