Accident and Incident Investigation Form

Investigated by:	
Position:	Date of Investigation

Date of accident/incident:	Time:
Exact location of accident/incident:	
Name of injured/affected person(s):	

Investigator's description of circumstances leading up to the accident/incident:

Names and contact details of witnesses: (Please attach written witness statements)

The immediate cause of the accident/incident:

The root or underlying cause(s) of the accident/incident: This is not always easy to identify but the root cause usually falls into one of the following categories: • **Organisation factors** e.g. lack of procedures, inadequate training or supervision. • **Job factors** e.g. poor design or layout of equipment, lack of maintenance. • **Human factors** e.g. competence and capability issues, lack of motivation or knowledge

Immediate actions taken subsequent to the accident/incident, to prevent it recurring:

Long term actions proposed:

Have revisions been made to risk assessments, safe working procedures etc?	Yes	No
If yes, please detail or attach:		