Westside Group
11–13 West Thebarton Road, Thebarton South Australia 5031
(08) 8451 2100
(08) 8451 2101
www.westsidegroup.com.au

INCIDENT / HAZARD INVESTIGATION

THE PERSON INVOLVED:

Name: ..... Male ☐ Female ☐

Date of Birth: ..... Preferred Language: .....

Position: ..... Supervisors Name: .....

Length of Employment with Company: .....Telephone No: .....

INCIDENT: **YES ☐ NO ☐** If NO, go to the Hazard section

Location of Incident: .....

Date of Incident: ..... Time of Incident: .....

Witnessed by: .....

Time person started shift of this date: .....

INJURY: **YES ☐ NO ☐**

What is the nature of the injury? (ie. part of body, type of injury) .....

.....

.....

What type of treatment was given?

First Aid only ☐
Doctor ☐
Hospital ☐
Other ☐

How much time was lost to this injury?.....

Is this a recurrence of a previous injury? Yes ☐ No ☐

Have WorkCover forms been completed? Yes ☐ No ☐

CONDITIONS RELATED TO THE INCIDENT / INJURY

What was the person doing at the time of the incident?.....

.....

.....

.....

What training was given for this task? .....

.....

.....

How long has the worker been performing this task? .....

.....

Describe how the incident / injury occurred (what happened?) .....

.....

.....

.....

What factors contributed to this incident / injury? .....

.....

.....

.....

.....

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HAZARD: **YES ☐ NO ☐**

Describe the hazard (what could happen?) .....

.....

.....

.....

What has caused the hazard?.....

.....

.....

How can the hazard be controlled? .....

.....

.....

.....

ACTION TO BE TAKEN:

What actions are to be taken to control the hazard / prevent a recurrence? .....

.....

.....

.....

Who is responsible to take these actions? .....

When will they be completed? .....

Signature of Worker: ..... Date: .....

Signature of Supervisor: ..... Date: .....

SAFEWORK SA / OTR / TQCSI NOTIFIABLE INCIDENT? **YES ☐ NO ☐**

Date Reported: ..... Report Number: .....

Comments: .....

.....

.....

COMMENTS BY SAFETY SYSTEM COORDINATOR:

.....

.....

.....

.....

.....

.....

Signature: ..... Date: .....

PREVENTATIVE ACTION CLOSE OUT (Tick actions which have been taken)

- ☐ Change to induction training
- ☐ Change to ongoing training
- ☐ Equipment / machinery modifications
- ☐ Change to work procedures
- ☐ Change to work environment
- ☐ Equipment / machinery maintenance
- ☐ Other job redesign
- ☐ Other preventative measure

All required actions have been completed and verified as effective. No further action required.

Safety System Coordinator: ..... Date: .....