



WORKPLACE HEALTH AND SAFETY

WHS INCIDENT/NEAR MISS REPORTING FORM

The reason for investigating an incident or near miss is to determine: the cause or causes of the incident; to identify any risks, hazards, systems or procedures that contributed to the incident; and to recommend corrective action to prevent similar incidents.

An incident /near miss investigation report should answer the WHO, WHERE, WHEN, WHAT, WHY and HOW questions with regard to an incident.

Incidents should be investigated by people knowledgeable about the type of work involved at the time of the incident. Relevant workers should also be involved in the investigation.

Details of the incident/near miss:	Date of incident:	Time of incident:
Short description of incident / near miss:		
Area where incident / near miss occurred:		

Details of the incident/near miss investigation	
Name of injured person (if relevant):	Injury sustained(if relevant):
Name of person who reported incident:	Date of report:
Name of person completing this form:	
Telephone number:	Date report completed:

Witness details		
Name/s	Job title (if relevant)	Contact number
Name of person/s conducting investigation	Job title (if relevant)	Contact number

Immediate causes / Contributing Causes that may have been a factor to the accident/incident	
What preventative action could have been taken?	
Why was this action not taken?	
How much experience did the employee have in the task/s that was being performed when the accident / incident occurred? What training has been provided?	
What is the chance of the accident / incident occurring again?	

Full description of events.

Who was involved: **Worker Student Visitor Contractor**

Briefly describe what happened including the sequence of events, investigate scene of incident or near miss; conditions present at time of incident; what was involved, what activity (if any) was taking place prior and at time of incident. What hazards was the worker exposed to? What hazards may have contributed to the incident occurring? (Attach photos if available)

INVESTIGATION RECOMMENDATIONS Outline recommended corrective action/s (i.e. solution/s) to prevent the recurrence of the incident **eg. new equipment, re-engineer, re-design work area, re-design work practices, review training standards, etc**

Investigators Recommendation	Person to Action	Completion date

IMPLEMENTATION DETAILS

Date implemented	Action taken	Responsible person	Review Date

Investigators Name:

Date:

Attachments: e.g. photos, instructions, SWP etc.

Injured / ill worker's details

First name:		Last name:		Date of birth:	
Position:		Department/team:			
Volunteers:		Worker's address:			
Manager/supervisor's name:					