

## SERIOUS INCIDENT INVESTIGATION REPORT

Date of incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Brief description of incident: \_\_\_\_\_

Injured person: \_\_\_\_\_ Male  Female

Type of injury and body part affected \_\_\_\_\_

Project Coordinator \_\_\_\_\_

### What Happened:

Injured person's account: \_\_\_\_\_

Witness/s' account: \_\_\_\_\_

1. Basic activity being undertaken: \_\_\_\_\_

2. Was the activity listed as part of an approved project? Yes  No

3. Was project application sighted by investigator? Yes  No

4. Was the activity addressed on the Risk Assessment? Yes  No

5. Was the Risk Assessment sighted by the investigator? Yes  No

6. What relevant training had the injured person received?  
\_\_\_\_\_

7. Who provided the training and what qualifications did they have to do so?  
\_\_\_\_\_

8. What additional instruction was provided in relation to the activity?  
\_\_\_\_\_

9. Who provided additional instruction?  
\_\_\_\_\_

10. Was the injured person under direct supervision? Yes  No

11. How far from the incident was the supervisor? \_\_\_\_\_ Metres

12. What activities were other volunteers engaged in at the time of the incident?  
\_\_\_\_\_

13. What personal protective equipment (PPE) was being worn by the injured person?  
\_\_\_\_\_

14. Did the injured person have a pre-existing injury or medical condition relevant to this incident?  
Yes  No

15. If 'Yes', had this condition been disclosed to the Project Coordinator? Yes  No

16. If 'Yes', had a personal management plan been developed and documented? Yes  No

17. What other factors may have contributed to this incident?  
\_\_\_\_\_

**Review:**

18. Was this a reasonable or appropriate activity? Yes  No

Reasons: \_\_\_\_\_

19. What additional training or instruction might have prevented the incident?  
\_\_\_\_\_

Training: \_\_\_\_\_

Instruction: \_\_\_\_\_

20. Could closer supervision have prevented this incident? Yes  No

If 'Yes', how could this have been accomplished?  
\_\_\_\_\_

21. What additional PPE might have prevented or minimised the injury?  
\_\_\_\_\_

22. What additional risk management strategies could have been employed?  
\_\_\_\_\_

23. If this activity is proposed again, what will be done differently to avoid a recurrence?  
\_\_\_\_\_

**Comments:**

Investigator recommendations: \_\_\_\_\_

Investigator Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director OH&S \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_