



# Incident Investigation Form

(Ref. [SOP EHS-025](#))

EHS DR Number: DRX.YYYY

This Incident Report is to be used for all accidents, incidents and situations having potential for injury, damage or harm to the environment.

**COMPLETE WITHIN 72 HOURS AND FORWARD TO THE EHS TEAM**

**Please print - leave blank any section you are unsure of.**

|   |       |  |       |
|---|-------|--|-------|
| <b>Person reporting incident:</b>         |       |  |       |
| <b>Line Manager:</b>                      |       |  |       |
| <b>Date &amp; Time incident occurred:</b> | Date: |  | Time: |
| <b>Date &amp; Time incident reported:</b> | Date: |  | Time: |
| <b>Site/Region:</b>                       |       |  |       |

**INCIDENT SUMMARY** (short statement of event)

**QUICK FIX** (the immediate action taken to prevent recurrence or make area safe)

**Incident Type** (you may tick more than one box)

- |  |   |
|--|---|
| <input type="checkbox"/> Serious injury              | <input type="checkbox"/> Community complaint          |
| <input type="checkbox"/> Minor injury                | <input type="checkbox"/> Environmental non-compliance |
| <input type="checkbox"/> Fire                        | <input type="checkbox"/> Equipment damage             |
| <input type="checkbox"/> Explosion                   | <input type="checkbox"/> Vehicle incident             |
| <input type="checkbox"/> Security breach             | <input type="checkbox"/> Occupational illness         |
| <input type="checkbox"/> Distribution incident       | <input type="checkbox"/> Journey injury               |
| <input type="checkbox"/> Loss of containment (spill) |   |

**Name of person injured:**

**Department / Team / Name of employer:**

**Investigation Team Members:**

|                |  |                 |  |
|----------------|--|-----------------|--|
| <b>1. Name</b> |  | <b>Position</b> |  |
| <b>2. Name</b> |  | <b>Position</b> |  |
| <b>3. Name</b> |  | <b>Position</b> |  |



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### INCIDENT INVESTIGATION

The following five sections are intended to assist the person/s investigating the incident to clarify the sequence of events immediately preceding the incident. They expand on the details already provided in the summary. Additional pages/documents can be attached when necessary.

**WHO was involved?** (Include person injured and any witnesses.)

**WHAT happened or what is the potential?** (e.g., stepped in hole)

**WHEN during the activity did/could the incident occur?** (e.g., while carrying box)

**WHERE did/could the incident occur?** (Exact location needed.)

**EXTENT of injury/damage etc or potential for injury or damage,** (e.g., badly sprained ankle, plant tripped, product spilt)



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### MOST PROBABLE ROOT CAUSES

(What were the root causes or sequence of events leading to the incident/potential incident?)

|  |
|--|
|  |
|--|

Agreed actions must be logged in the EHS DR System by the Incident Owner.

### Agreed Action (1)

|  |
|--|
|  |
|--|

Person responsible:

Team:

Expected completion date:        /        /

Actual completion date:        /        /

### Agreed Action (2)

|  |
|--|
|  |
|--|

Person responsible:

Team:

Expected completion date:        /        /

Actual completion date:        /        /

### Agreed Action (3)

|  |
|--|
|  |
|--|

Person responsible:

Team:

Expected completion date:        /        /

Actual completion date:        /        /



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Additional agreed actions can be recorded on a separate page and attached.

Team/Person:  
(responsible for incident)

Contact No.:

Line Manager:

Contact No.:

Send the initial investigation results, (or a copy) to the EHS Manager within 72 hours. If the investigation is incomplete, it may be useful to nominate a person to be responsible for the completion of the investigation.

Incident Owner:

Contact No.:

Incident Report due back: \_\_\_\_/\_\_\_\_/\_\_\_\_ Incident Report received back: \_\_\_\_/\_\_\_\_/\_\_\_\_

Circulation: (Consider who needs to know about the incident or corrective actions)

|                |  |  |  |  |  |
|----------------|--|--|--|--|--|
| Name           |  |  |  |  |  |
| Signature/Date |  |  |  |  |  |

Other relevant attachments:  
Yes / No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Incident Investigation Completed By:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_