

**Internal Notification - Incident Investigation Form**

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<b>Notification Report Ref. No.:</b>

Environment, Health and Safety Investigation	
<b>Incident Summary:</b>	

<u>Recordable Incident Category</u>		
<b>Health and Safety Incident:</b> <small>(May select more than one)</small>	Minor / No Injury / Slight	Moderate
	<input type="checkbox"/> Near Miss  <input type="checkbox"/> First Aid Injury  <input type="checkbox"/> Equipment / Property Damage	<input type="checkbox"/> Lost Time Injury  <input type="checkbox"/> Medical Treatment Case  <input type="checkbox"/> Restricted Workday Case
<b>Environmental Incident:</b> <small>(May select more than one)</small>	Environment - Minor	
	<input type="checkbox"/> Spills / Releases / Discharges to Land <input type="checkbox"/> Spills / Releases / Discharges to Water, including Groundwater <input type="checkbox"/> Releases / Discharges to Atmosphere  <input type="checkbox"/> Vegetation Removal / Harm <input type="checkbox"/> Harm to Animal Species <input type="checkbox"/> Damage to Heritage Site  <input type="checkbox"/> Other: _____	

<u>Reportable Incident Category</u>		
<b>Health and Safety Incident:</b> <small>(May select more than one)</small>	Serious	Fatal
	<input type="checkbox"/> Reportable Dangerous Occurrence <input type="checkbox"/> Reportable Occupational Illness / Disease  <input type="checkbox"/> Reportable Serious Injury	<input type="checkbox"/> Fatality
<b>Environmental Incident:</b> <small>(May select more than one)</small>	<input type="checkbox"/> Environment - Moderate	<input type="checkbox"/> Environment - Major
	<input type="checkbox"/> Spills / Releases / Discharges to Land <input type="checkbox"/> Spills / Releases / Discharges to Water, including Groundwater <input type="checkbox"/> Releases / Discharges to Atmosphere  <input type="checkbox"/> Vegetation Removal / Harm <input type="checkbox"/> Harm to Animal Species <input type="checkbox"/> Damage to Heritage Site  <input type="checkbox"/> Other: _____	

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Risk Assessment:	Observations (List hazards, unsafe practices and good practices)	Priority/ Risk (H, M, L)	Action To Be Taken (List any immediate and longer term actions required)	Time Scale

#### Cause Analysis (Consequences)

Describe conditions and/ or actions that contributed to the incident then tick the applicable immediate and basic causes

#### Immediate Causes

Substandard Actions		Substandard Conditions	
<input type="checkbox"/>	Operating equipment without authority	<input type="checkbox"/>	Inadequate guards or barriers
<input type="checkbox"/>	Failure to warn	<input type="checkbox"/>	Inadequate or improper PPE
<input type="checkbox"/>	Failure to secure	<input type="checkbox"/>	Defective tools, equipment or materials
<input type="checkbox"/>	Operating at improper speed	<input type="checkbox"/>	Congestion or restricted action
<input type="checkbox"/>	Making safety devices inoperable	<input type="checkbox"/>	Fire and explosion hazards
<input type="checkbox"/>	Removing safety devices	<input type="checkbox"/>	Poor housekeeping, disorder
<input type="checkbox"/>	Using equipment improperly	<input type="checkbox"/>	Hazardous environmental conditions: gases, dusts, smokes, fumes, vapours
<input type="checkbox"/>	Failure to use PPE properly	<input type="checkbox"/>	Noise exposures
<input type="checkbox"/>	Improper loading	<input type="checkbox"/>	High or low temperature exposure
<input type="checkbox"/>	Improper placement	<input type="checkbox"/>	Inadequate ventilation
<input type="checkbox"/>	Improper lifting	<input type="checkbox"/>	Bad Weather
<input type="checkbox"/>	Improper position of task	<input type="checkbox"/>	Driver Condition
<input type="checkbox"/>	Servicing equipment in operation	<input type="checkbox"/>	Vehicle Condition
<input type="checkbox"/>	Horseplay		

#### Basic Causes

Personal Factors		Job Factors	
<input type="checkbox"/>	Inadequate capability	<input type="checkbox"/>	Inadequate leadership/supervision
<input type="checkbox"/>	Lack of knowledge	<input type="checkbox"/>	Inadequate task planning
<input type="checkbox"/>	Lack of skill	<input type="checkbox"/>	Inadequate purchasing
<input type="checkbox"/>	Stress	<input type="checkbox"/>	Inadequate maintenance
<input type="checkbox"/>	Lack of motivation	<input type="checkbox"/>	Inadequate tools/equipment
			Inadequate work standards
			Wear and tear
			Abuse or misuse

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**PART A: Recordable Incident ONLY**

Recommendations for Consideration and Action by the Accountable Line Manager			
EHS Source		Action Owner	
<b>Investigated By:</b>		<b>Responsible Name:</b>	
<b>Position:</b>		<b>Position:</b>	
		<b>Sector/Dept:</b>	
<b>Date</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Signature:</b>	

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**PART B: Reportable Incident ONLY**

MANAGEMENT REPORT			
<b>Introduction</b>			
<b>Summary</b>			
<b>Observations &amp; Recommendations</b>			
1. Observation:			
Recommendation:			
2. Observation:			
Recommendation:			
<b>Conclusion</b>			
EHS Source		Action Owner	
<b>Investigated By:</b>		<b>Responsible Name:</b>	
<b>Position:</b>		<b>Position:</b>	
		<b>Sector/Dept:</b>	
<b>Date</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Signature:</b>	
Scanned Completed Copy of AD EHS Centre form G attached <input type="checkbox"/>			

ENVIRONMENT, HEALTH AND SAFETY MANAGER REVIEW			
<b>Reviewed By:</b>			
<b>Comments:</b>			
<b>Signature:</b>		<b>Date:</b>	