

Pandanus Workforce Incident Investigation Form

Incident details				
Name of person involved in incident			Date of incident:	
<input type="checkbox"/> Injury/ illness <input type="checkbox"/> Incident /near miss				
Location of incident:				
Incident investigation team:				
What task was being performed at the time of the incident?				
What happened? (e.g. 'employee tripped over box' or 'forklift hit wall')				
What factors contributed to the incident?				
Environment: N/A		Equipment/materials: N/A		
<input type="checkbox"/> Noise	<input type="checkbox"/> Layout / design	<input type="checkbox"/> Wrong equipment for the job	<input type="checkbox"/> Equipment failure	
<input type="checkbox"/> Lighting	<input type="checkbox"/> Dust / fume	<input type="checkbox"/> Inadequate maintenance	<input type="checkbox"/> Material / equipment too heavy / awkward	
<input type="checkbox"/> Vibration	<input type="checkbox"/> Slip / trip hazard	<input type="checkbox"/> Inadequate guarding	<input type="checkbox"/> Inadequate training provided	
<input type="checkbox"/> Damaged / unstable floor	<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Work systems:		People:		
<input type="checkbox"/> Hazard not identified	<input type="checkbox"/> No / inadequate risk assessment conducted	<input type="checkbox"/> Procedure not followed / no procedure exists	<input type="checkbox"/> Drugs / alcohol	
<input type="checkbox"/> No / inadequate safe work procedure	<input type="checkbox"/> No / inadequate controls implemented	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Time / production pressures	
<input type="checkbox"/> Hazard not reported	<input type="checkbox"/> Inadequate training / supervision	<input type="checkbox"/> Change of routine	<input type="checkbox"/> Distraction / personal issues / stress	
<input type="checkbox"/> Time / money not allocated to problem	<input type="checkbox"/> Other	<input type="checkbox"/> Lack of communication	<input type="checkbox"/> Other	
Corrective actions:				
Contributing factor (from above list)	What are we going to do to fix the problem?	Who	When	Completion date
Issue fixed?				
Name		Signature		Date

- Completed form forwarded to Site Supervisor
- Major Incidents must be reported to Manager/ HSE Advisor within 24 hours