Offices: 102 North Road
Postal Address: PO Box 484, ALBANY WA 6331
Phone: (08) 9841 9333
Fax: (08) 9841 4099
Email: staff@albany.wa.gov.au
Synergy Reference No: NF085321

INCIDENT/ ACCIDENT INVESTIGATION AND RISK ASSESSMENT

ORIGINAL INCIDENT REPORT TO BE ATTACHED

(Manager/ Supervisor investigates accident/ incident in consultation with Staff Safety Representative. The Investigation should consider possible contributing factors, which resulted in this incident/ accident).

INCIDENT / ACCIDENT ANALYSIS

BACKGROUND:

_____
_____
_____
_____

INCIDENT / ACCIDENT INVESTIGATION:

(Refer to the following possible contributing factors when reporting: Job Planning, Risk Assessment, Personnel, Public, Supervision, Work Practices, Job Location, Machinery/Equipment, Materials, Environment, Procedures, Other)

_____
_____
_____
_____
_____
_____
_____
_____

EXPLANATION OF INCIDENT / ACCIDENT (Summary)

_____
_____
_____
_____

What, if any, Preventative Action could have been taken?

_____
_____
_____

**** DISCLAIMER ****

This information sheet is a guide only. Verification with original Local Laws, Acts, Planning Schemes, and other relevant documents is recommended for detailed references. The City of Albany accepts no responsibility for errors or omissions.

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PTO

SEQUENCE OF EVENTS THAT LEAD UP TO THE INCIDENT

(Try to work backwards from the final event to identify contributing factors. This will be helpful in identifying follow up action items)

1) …….

2) …….

3) …….

4) …….

5) ……..

SAFETY REPRESENTATIVES SUMMARY:

How serious could the incident have been? Very Serious Serious Minor
Safety Representatives Comments:

_____

_____

_____

MANAGEMENT CORRECTION / ACTION PLAN:

ACTIONS	TO BE COMPLETED BY WHOM?	DUE DATE

Managers Signature: …….. Date: …….

****

CORRECTIVE ACTION IMPLEMENTATION COMPLETION REPORT:

(After corrective action has been implemented Manager and Safety Representative to sign off)

Safety Representative Name …… Signature …..……

Date ……/……../……...

Manager Name …… Signature ……

Date ……/……../……...

FORWARD COMPLETED ORIGINALS TO OHS COORDINATOR NORTH RD