WHS FORM 001 (v1.0; 071212)

Incident/Near Miss Investigation Form

Note: this template is for internal use only, and should not be submitted to WorkCover

|  |  |
| --- | --- |
| Details of the incident/near miss: |  |
| Short description of incident / near miss: |  |
| Area where incident / near miss occurred: |  |
| Date of incident: |  |
| Time of incident: |  |

Details of the incident/near miss investigation

|  |  |
| --- | --- |
| Name of injured person (if relevant): |  |
| Injury sustained (if relevant): |  |
| Name of person who reported incident: |  |
| Date of report: |  |
| Name of person completing this form: |  |
| Telephone number: |  |
| Date report completed: |  |

Witness Details

|  |  |
| --- | --- |
| Name/s |  |
| Job title (if relevant) |  |
| Contact number |  |
| Name of person/s conducting investigation |  |
| Job title (if relevant) |  |
| Contact number |  |

Full description of events

(Briefly describe what happened including the sequence of events, investigate scene of incident or near miss; who was involved e.g. worker, visitor; conditions present at time of incident; what was involved, what activity (if any) was taking place prior and at time of incident. What hazards was the worker exposed to? What hazards may have contributed to the incident occurring? Attach photos if available)

When the following serious incidents (known as notifiable incidents) occur, they must be immediately reported to WorkCover and possibly our Insurer in the timeframes provided in the table below.

|  |  |  |
| --- | --- | --- |
| Witness details | Report to: | Timeframe: |
| Serious incidents involving a death (fatality) or a serious injury or illness | 1. WorkCover 13 10 50 and  2. Insurer | Immediately  Within 48 hrs |
| Serious incidents involving injury or illness to non-workers at your workplace | WorkCover 13 10 50 | Immediately |
| Other incidents involving an injury or illness where workers compensation is payable | Insurer | Within 48 hrs |

Complete the following based on the type of incident (if applicable)

Yes No

WorkCover NSW notified (13 10 50)

Insurer

Incident scene preserved (required by law)

|  |
| --- |
| Comments |
|  |
| Investigation Recommendations e.g. new equipment, re-engineer, re-design work area, re-design work practices, review training standards, etc |
|  |
| Implementation Details including action taken, date implemented, responsible person, date for review |
|  |