

SERIOUS INCIDENT INVESTIGATION REPORT

Date of Incident: _____ Location of Incident: _____

Brief Description of Incident: _____

Injured Person: _____ Male Female

Type of Injury and Body Part Affected: _____

Project Manager: _____

What Happened?

Injured person's account: _____

Witness/s' account: _____

1. Basic activity being undertaken: _____

2. Was the activity listed as part of an approved project? Yes No

3. Was project application sighted by investigator? Yes No

4. Was the activity addressed on the Risk Assessment? Yes No

5. Was the Risk Assessment sighted by the investigator? Yes No

6. What relevant training had the injured person received? _____

7. Who provided the training and what qualifications did they have to do so? _____

8. What additional instruction was provided in relation to the activity? _____

9. Who provided additional instruction? _____

10. Was the injured person under direct supervision? Yes No

11. How far from the incident was the supervisor? _____ metres

12. What activities were other volunteers engaged in at the time of the incident? _____

13. What personal protective equipment (PPE) was being worn by the injured person? _____

14. Did the injured person have a pre-existing injury or medical condition relevant to this incident? Yes No

15. If 'Yes', had this condition been disclosed to the Project Manager?

Yes No

16. If 'Yes', had a personal management plan been developed and documented?

Yes No

17. What other factors may have contributed to this incident?

Review:

18. Was this a reasonable or appropriate activity to be undertaken by the injured person?

Yes No

Reasons:

19. What additional training or instruction might have prevented the incident?

Training:

Instruction:

20. Could closer supervision have prevented this incident?

Yes No

If 'Yes', how could this have been accomplished?

21. What additional PPE might have prevented or minimised the injury?

22. What additional risk management strategies could have been employed?

23. If this activity is proposed again, what will be done differently to avoid a recurrence?

Comments:

Investigator recommendations:

Investigator Name:

Position:

Signature:

Date:

Program Director:

Signature:

Date:

Director OH&S:

Signature:

Date: