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| **Incident and Accident Investigation Report** |

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| **Who is investigating?** | **Date and time of investigation:** |
|  |  |
| **Date and time of event:**(incident or Accident) | **Was the event reported within the required timeframe?** **Yes No****If not, why not?** |
| **What directly caused the accident/incident?** |
| **Is the cause of the accident or incident identified on our risk table?** |  **Yes No** |
| **How much worse could the incident or accident have been?** |
|  |
| **What could have been done differently to potentially prevent the accident/incident?** |
|  |
| **What preventative actions should be taken to minimise the risk of reoccurrence?** |
|  | **By whom?****When?** |
| **Risk documentation reviewed and updated?** |  **Yes No** |
|  | **By whom?****When?** |
| **Name:** | **Position** |
| **Signature:** | **Date:** |