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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:** | |