

Accident & Incident Investigation Report

EMPLOYER: MCB PLUMBING LTD		BRANCH/DEPARTMENT:	
NAME OF INVESTIGATOR:			
PARTICULARS OF INCIDENT			
Day of Incident (circle) M T W T F S S	Time	Project/Site	Date Reported
INJURED PERSON			
Name:		Address:	
Age:	Phone number:		
Reported date of incident:		Length of employment:	Time on job:
TYPE OF INJURY:	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	Remarks:
<input type="checkbox"/> Strain/sprain	<input type="checkbox"/> Scratch/abrasion	<input type="checkbox"/> Internal	
<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign body	
<input type="checkbox"/> Laceration/cut	<input type="checkbox"/> Burn scald	<input type="checkbox"/> Chemical reaction	

DAMAGED PROPERTY	
Property/material damaged:	Nature of damage:
	Object/substance inflicting damage:

INCIDENT
Description
Describe what happened (space overleaf for diagram – essential for all vehicle incidents):

ANALYSIS			
What were the causes (root and contributing causes) of the incident?			
Root causes – safety system failures:			
Contributing causes – unsafe acts and conditions:			
Prevention			
What action has or will be taken to prevent a recurrence? Tick items already actioned (use space overleaf if required)	Completed ✓ X	By whom	When

TREATMENT AND INVESTIGATION OF INCIDENT			
Type of treatment given:	Name of person giving First Aid:	Doctor/Hospital:	
Incident investigated by:	Date:	WORKSAFE NZ advised: Yes / No	Date:

