

Near Miss/ Incident/ Accident Report & Investigation Form Pt 1

EMPLOYER: MCB PLUMBING LTD

Person(s) involved:

Contact No: _____ Position _____

Employee Contractor Independent Contractor Other (Specify)

DETAILS OF NEAR MISS / INCIDENT / ACCIDENT

Location _____

Date _____ Time _____ am/pm

SEVERITY

Fatal Serious Harm Minor Harm No Harm / Near Miss

TREATMENT

Nil First Aid H&CC Doctor Hospital

What treatment was given ? _____

By Whom _____

DESCRIPTION OF WHAT HAPPENED

DESCRIBE THE CAUSE OF THE NEAR MISS / INCIDENT / ACCIDENT

Contributory Factors (refer to these when identifying the cause of the near miss/ incident/ accident)

Immediate Causes

Substandard Acts

- Guarding
- Defective tools or Equipment
- Hazardous arrangements Unsafe conditions
- Unsafe design Housekeeping
- Unsafe environmental conditions
- Unsafe positioning

- Operating without authority
- Disabling safety devices
- Using unsafe equipment
- Non use of Personal Protective Equipment
- Non use of lock out/ isolation systems
- Distraction / fooling about



Near Miss/ Incident/ Accident Report & Investigation Form Pt 2

IDENTIFIED AND CHANCE

Has the significant hazard been identified?

If yes, please investigate this hazard and update the Hazard Register in your department or section accordingly

CHANCE OF NEAR MISS, INCIDENT OR ACCIDENT RECURRING

One off

Daily

Weekly

Monthly

CORRECTIVE ACTION

What will be done or steps taken to minimise the risk of this happening again

Action

By Whom

Completed

Person in control of the workplace

Name

Signed

Position

MANAGERS COMMENTS

Name

Position

Signed

HEALTH AND SAFETY CO-ORDINATOR'S COMMENTS

Is post critical event testing required?

If Yes, advise Occupational Health Nurse

Date

INCIDENT RECORDED ON ACCIDENT REGISTER & CORRECTIVE ACTIONS COMPLETED?

Signed

Date