



# Accident Investigation Form

Developed by Easy HR Pty Ltd (ABN 67 100 061 747)

<http://www.easyhr.com.au>

This form should be used as a standard template for investigating any accidents, incidents or near misses. All parties should be advised that the results of this investigation may be released to the Workers Compensation Insurer, or Workcover, or any other organisation acting on behalf the company. Accordingly, this document, and any witness statements collected, may be produced as evidence at a later date.

**This document should be used as a template, and should be used in addition to any site or industry specific information that may be required.**

**Accident details should be review from the accident report form prior to the investigation commencing. Only people with the appropriate skills and experience should investigate accidents.**

Injured Person Surname .....  
Surname First name

Is this person from an non English speaking background?  Yes  No

When did the accident happen ..... am / pm  
Day Date Time

Usual Location of injured Employee .....

Witness statements obtained from:

.....  
First Name Surname Position

.....  
First Name Surname Position

.....  
First Name Surname Position

.....  
First Name Surname Position

What task was being performed at the time of the accident?

.....  
.....

What are the hazards associated with this task? Are any of these hazards significant?  
(Consider Equipment, Materials, Work Practices, Environment, Health Issues, Manual Handling, Etc)

.....  
.....

Has a risk assessment previously been performed in relation to this task? If so, what risk controls or operating procedures were recommended or implemented?

.....  
.....

Exact location of accident or incident .....

Factors that may have contributed to the accident  
(rushing, wet floor, new employee, carelessness, failure to comply with policy, etc.)

.....

If applicable, has machinery been correctly maintained? Have maintenance records been checked?

.....

What safety equipment or PPE<sup>1</sup> was being used at the time of the accident?

.....

Was safety equipment being used in accordance with manufacturers guidelines or company policy?

.....

What preventative action could have been taken? Why was this action not taken?.....

.....

Identified deficiencies in the management system or safe work practice? .....

.....

How much experience did each employee who was involved in the accident, either directly or indirectly, have in the task/s that he or she was performing when the accident occurred? What training has been provided?

.....

<sup>1</sup> Personal Protective Equipment

Direct Supervisors or Duty Manager Comment

.....  
.....  
.....  
.....

**Investigator’s Summary Notes**

How serious could the incident have been?                      Very Serious      Serious      Minor  
What is the chance of the accident happening again?      Frequent              Occasional      Rare

Analysis of the sequence of events that lead up to the accident. Try and work backwards from the final event, to identify the contributing factors. This will be helpful in identifying follow up action items.

- 1) .....
- 2) .....
- 3) .....
- 4) .....
- 5) .....

Investigators recommendations	Person to Action	Completion date

Investigator’s Comments

.....  
.....  
.....

.....  
Investigator’s Name

.....  
Investigator’s Signature

.....  
Date