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| Work Location |  | Section/Dept/School |  |

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| --- | --- | --- | --- | --- | --- |
| Event Details |  | Person/s involved |  | Location |  |
| Date |  |
| Time |  |

|  |  |
| --- | --- |
| Injuries or ill health effects if any |  |

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| --- | --- |
| **Investigation details**Include details such as- overview of the event- activities being performed- equipment used- working conditions- safety of working procedures- maintenance- competence of people involved- workplace layout- safety equipment used- any other conditions which may have influenced the event |  |

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| Causes of the event |
| Immediate Causes | Underlying Causes | Root causes |
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| Which risk control measures should be implemented to prevent recurrence? |
| Risk control | Planned completion date | Actual completion date | Manager responsible |
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| Which risk assessments and safe working procedures need to be reviewed and updated? |
| Risk control | Planned completion date | Actual completion date | Manager responsible |
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| Are there any further details that should be mentioned? |  |

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| Members of the investigation team | Name | Position | Name | Position |
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| Signed on behalf of the investigation team |
| Name |  | Position |  | Date |  | Signature |  |

|  |
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| Report accepted by |
| Name |  | Position |  | Date |  | Signature |  |

|  |
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| The findings of this report need to be communicated to |
| Name | Position | Name | Position |
|  |  |  |  |
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