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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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