



Incident Investigation Form

For use by WHS Site Officers

This form is to be used to investigate WHS incidents and is to be completed by the WHS Site Officer following notification of an incident to the contracted WHS and Occupational Services provider.

Once completed, this form is to be emailed to the service provider within 24 hours, with a copy kept on site.

For assistance in completing this form, please contact the provider:

- contracted [WHS and Occupational Services provider](#)

Personal Details	
Names and Contact Details of person(s) involved:	Injured or Witness
1.	Select:
2.	Select:
3.	Select:
4.	Select:

Task

Date:

Time:

Location:

What task was being performed when the incident occurred?

Who is the employing Senator/Member of the person(s) involved:

What supervision and training was provided to affected person(s) in the area where the incident occurred?

What supervision and training was provided to affected person(s) regarding the task where the incident occurred?

What additional training should the person(s) receive?

WHS site officer recommendations:

Referred to for action:

Date:

Risk Management

Was a risk assessment undertaken before commencing this task?

If not, explain why not:

What hazards were identified for this task?

What risk controls were recommended in the risk assessment?

Were the risk controls applied?

If not, explain why not:

WHS Site Officer recommendations:

Referred to for action:

Date:

Equipment

What equipment was being used?

Was the equipment suitable for the task?

Was the equipment in good working order?

WHS Site Officer recommendations:

Referred to for action:

Date:

Contributing Factors

List the factors that may have contributed to the incident:

1.

2.

3.

4.

5.

WHS Site Officer recommendations:

Referred to for action:

Date:

WHS Site Officer:

Printed Name:

Signature: