

16.21.6 INCIDENT INVESTIGATION FORM

PART 2: INVESTIGATION

To be completed by the Parish Council Safety Delegate in consultation with the person reporting the incident, Parish Priest/ People Manager and WHS Officer (where possible)

Surname:	Given names:
Sex (M or F):	Date of birth: / /
Position/ Role:	Type of employment:
Contact number:	

Main tasks performed as part of Position:

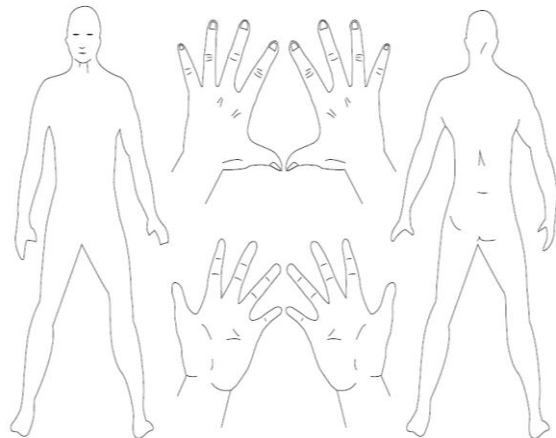
Induction training received:		Task specific training received:	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Day of week the incident occurred:

Describe the incident (i.e. near miss, injury, property damage) that occurred (include any photos of the incident site where relevant):

Draw a diagram or map of where/ how the incident occurred

Indicate the area of body affected (if relevant)



Witnesses to incident – (List Names and Contact details)

Identified contributory causes

Identified Actions to prevent incident from reoccurring

Action	Responsible person	Due date	Date completed
Name of person completing investigation:			
Signature and Date:			