

ACCIDENT INVESTIGATION REPORT HNF19

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NOTE: This investigation is aimed at identifying cause, not attributing blame:

Reference No. _____ [] Injury [] Damage [] Near Hit

1. **Project & Location:** _____

2. **Injured Person's Details**

Surname		First Name		Other Initials		
Date of Birth	Day	Month	Year	M/F	Preferred Language	Contact Phone No.

3. **Occupation / Job Title & Details**

Description of Occupation or Job Title	How Long at this Occupation / Job? Weeks / Months / Years
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Main Tasks Performed:

Training Provided:

<input type="checkbox"/>	Site Specific Induction
<input type="checkbox"/>	Trade Induction
<input type="checkbox"/>	General Induction (3-5hrs)

4. **Time & Date of Damage / Accident / Near Hit:**

	am/pm						
Day		Month		Year			

Time & Date Report Received

	am/pm						
Day		Month		Year			

5. **Accident Results**

<input type="checkbox"/>	To see GP Doctor	<input type="checkbox"/>	Hospital inpatient	<input type="checkbox"/>	Company Doctor
<input type="checkbox"/>	First Aid only	<input type="checkbox"/>	Property damage	<input type="checkbox"/>	Near Hit (Dangerous Occurrence)

Nature and description of injury, disease, damage or near hit:

Physical location where injury, disease, damage or near hit occurred:

6. **Outcome** (Questions to be answered as information becomes available)

Rehabilitation

<input type="checkbox"/>	Not Required
<input type="checkbox"/>	Required

Date or Resumption

Short-Term alternative duties
Permanent alternative duties
Normal Duties

Day	Month	Year			

TOTAL NO. OF DAYS LOST

WorkCover Report Completed & Sent within 7 Days

Investigation Undertaken

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7. Description of Incident (Include any particular chemical, product, process equipment involved)

What was the worker doing at the time?

Name/s of Witnesses	Signature/s	Date:

Mechanism of Injury Code

How was the injury, disease or damage sustained?

Breakdown Agency Code

What Happened? (undesired event)

Reconstruct the sequence of events that led to the undesired event

1.	4.
2.	5.
3.	6.

List contributing factors:

- a. _____
b. _____
c. _____

8. Investigating Person

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name</i>	<i>Position</i>	<i>Signature</i>

Date Investigation Conducted

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Day</i>		<i>Month</i>		<i>Year</i>	

9. Corrective Action Undertaken: _____

Estimated Cost of Incident \$	Estimated Cost of Correction \$
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10. Managers Comments: (manager, employer or Principal Contractor to sign and Date)

Signature:	Date:
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11. Safety Coordinators Comments: (Sign and Date)

Signature:	Date:
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