



Lowestoft Town Council

Incident Investigation Form

For investigating Incidents, Accident and Near Misses

Incident Details

By ticking this box you consent to Lowestoft Town Council retaining your information.

By filling in this form or agreeing to your details being put on this form you are consenting that your details will be kept on file. Lowestoft Town Council will not share your details with anyone other than if required to by law by statute the Health and Safety Executive (HSE) in conforming to The General Data Protection Regulation 2016/679

Date of Incident:	Time of Incident	Location of Incident
Reported by:		
Person injured / Injury details:		
Property Damage:		

Part 1 – Investigation Details

Date of Investigation:	Incident Number:
<i>Activity at the time of the incident: What was being done? How? Authorised? Un-authorised? Correct methods being used? Anyone else involved?</i>	
<i>Equipment in use: Tools, Ladders, Electrical Equipment, Mechanical Devices, Vehicles Identification numbers, Correct for the task?</i>	

Personal Protective Equipment (PPE) / Clothing: *Gloves, Mask, Goggles, Eye Protection, Footwear.*
Condition PPE or clothing? Correct for the Task?

Training for the activity: *Requirement, Trained, Not trained, Refresher training?*
When trained?

Part 1 – Investigation Details - Continued

Environmental Conditions: *Lighting, Ventilation, Temperature, Noise*
Underfoot Conditions: *Smooth, slippery, worn, wet, dry, sloped, stairway*

Distractions and Hazards: *Noise, people, Trip Hazards, Bad Housekeeping*

Supporting Evidence: *Broken or damaged items, Marks on the floor or walls, Failure of equipment*

<u>Other factors:</u>
<u>Witness Statements:</u> Summary (Attach any statements, photos)
<u>Work instructions for activity:</u> Exist and being followed? Exist but not followed? Exist but not revised? Exist but not available? Do not exist? (Attach a copy)
<u>Risk Assessment for activity:</u> Exist and being followed? Exist but not followed? Exist but not revised? Exist but not available? Do not exist? (Attach a copy)

Part 2 – Consideration of causes and Remedial Action

<u>Unsafe Acts:</u> Running, Not looking, not wearing PPE
<u>Unsafe conditions:</u> Wet floor, Loose hand rail, Poor lighting, Trailing cables, Bare electrical cables
<u>Immediate causes:</u> Slipped on wet floor, shock from electrical cable etc.
<u>Underlying or Root Causes:</u> No system to check electric cables etc.

What could have been done to prevent a re-occurrence:

Recommendations and/or Remedial action to prevent a re-occurrence:

Name of Investigator:	Job Title:	Location:
Signature:	Date:	Contact Number:
Review by:	Job Title:	Location:
Signature:	Date:	Contact Number:

Action Plan to prevent a re-occurrence:

DmC 05/2018/V1