



## Lowestoft Town Council

### Incident Investigation Form

#### For investigating Incidents, Accident and Near Misses

#### Incident Details

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:
<u>Activity at the time of the incident:</u> <i>What was being done? How? Authorised? Un-authorised? Correct methods being used? Anyone else involved?</i>	
<u>Equipment in use:</u> <i>Tools, Ladders, Electrical Equipment, Mechanical Devices, Vehicles</i> <i>Identification numbers, Correct for the task?</i>	
<u>Personal Protective Equipment (PPE) / Clothing:</u> <i>Gloves, Mask, Goggles, Eye Protection, Footwear.</i> <i>Condition PPE or clothing? Correct for the Task?</i>	

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*

Other factors:

Witness Statements: Summary (Attach any statements, photos)

Work instructions for activity: *Exist and being followed? Exist but not followed? Exist but not revised? Exist but not available? Do not exist? (Attach a copy)*

Risk Assessment for activity: *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**

Unsafe Acts: *Running, Not looking, not wearing PPE*

Unsafe conditions: *Wet floor, Loose hand rail, Poor lighting, Trailing cables, Bare electrical cables*

Immediate causes: *Slipped on wet floor, shock from electrical cable etc.*

Underlying or Root Causes: *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