

# **Incident Investigation Form**

# LOCATION DETAILS

MU Branch Name:	

# **INCIDENT DETAILS**

Incident Type:	Incident Nr.:
Outcome:	
Location of the Incident:	
Date of the Incident:	
Time of the Incident:	
Time of Reporting:	
Incident reported to:	
Investigation Start Date:	

### PARTICULARS OF PERSON(S) INVOLVED

Person(s) involved name:	
Male or Female:	
Age/Date of Birth:	
Occupation:	
Address:	
Work being undertaken:	

### PARTICULARS OF THE INCIDENT

Was there a task assigned?	
Was there a risk assessment taken?	
Describe what happened	
Witness(es) present	
What happened unexpectedly?	
Sequence of events after the incident. (Did they receive first aid treatment, leave, attend GP, attend A&E, return home)?	
Has a similar incident occurred before? If so, give details.	

# ANALYSIS OF THE INCIDENT

A root cause analysis of the incident was carried out using the information and documentation made available during the investigation. The analysis assessed the incident under the following headings: Physical Failures; System Failures; Human Failures and Senior Management Failures and the findings are set out below.

Physical Failures	
Conclusion	
System Failures	
Conclusion:	



Human Failures	
Conclusion:	
MU Management Failures	
Conclusion:	

## **ROOT CAUSE CONCLUSION**

It is therefore concluded that the root cause(s) of the incident were:

# **RECOMMENDATIONS / IMPROVEMENT ACTIONS**

## INVESTIGATION DETAILS

Name	Title
Statements - Name(s)	Statement Attached (Y/N/NA)

### NOTIFICATIONS

1. Was any statutory body notified?	
2. Was a claim lodged?	
3. Was any other insurance claim lodged?	

### SIGN-OFF

Report prepared by:	
Date:	



# APPENDICES

Appendix 1	Photographs
Appendix 2	Incident Statement(s)
Appendix 3	Induction Details
Appendix 4	Training Records
Appendix 5	Other Information



Appendix 1 Photographs



Appendix 2 Incident Statements



Appendix 3 Induction Details



Appendix 4 Training Records



Appendix 5 Other Information