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|  | **Accident, Incident, Near-miss Report & Investigation Record** |
| **PFNZ\_SMS\_03.04** | **EVENT DETAILS - *Reporter to complete*** |

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| **Reported by:**  (Name) |  | **Event date:** |

|  |  |
| --- | --- |
| **Event location:**  (Where it happened) |  |

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| --- | --- | --- | --- | --- | --- |
| **Event type:** | Accident (injury) | Plant / Equipment damage | Property damage | General incident / Observation | Near miss |

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| --- | --- | --- | --- | --- | --- | --- |
| **Event severity:**  (Actual or potential) | **Minor**  No treatment  No damage | **Moderate**  1st aid treatment Minor damage | **Significant**  MTI / LTI  Serious damage | **Major**  Serious harm  Destruction | **Notifiable** | |
| Yes | No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **People involved:** | Employees | Sub-contractors | Client | General public | Other |

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| --- | --- | --- | --- | --- | --- | --- |
| **Injury details:** | Head / Face / Neck | Shoulders / Arms / Hands / Fingers | Torso / Chest / Back | Hips / Legs / Knees / Feet / Toes | Emotional injury / Shock | Medical issue |

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| --- | --- | --- | --- | --- |
| **Damage details:** | Employer  Plant / Equipment | Sub-contractor Plant / Equipment | Client property | Third party property |

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| **Event description:** *(what happened, and why do you think it happened?)*  …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  *………………………………………………………………………………………………………………………………………………………………………………..……………….…... (use additional sheet(s) if needed)* |

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| **Prevention measures:** *(what do you think is needed to stop it happening again?)*  ……………………………………………………………………………………………………………..…………………………………………………………………………………………………………...................................................................................................................……......…………………………………………………………………………………………..……………….….. *………………………………………………………………………..…………...(use additional sheet(s) if needed)* |

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| **Witness name(s) and contact details:** |  |  |

**Reported by:** (*signature*)………………………………………………………………………………………. **Date:** ………………………………

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|  | **Accident, Incident, Near-miss Report & Investigation Record** |
| **PFNZ\_SMS\_03.04.1** | **INVESTIGATION DETAILS *- Investigator to complete*** |

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| --- | --- | --- | --- | --- |
| **Investigator:**  (Name) |  | **WorkSafe Notified?** | Yes / NA | |
| Date: |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Contributing factors:** | Instruction / Job specification | Pre-start assessment | Training / Skills / Supervision | Attitude / Behaviour | On-job communication | PPE  selection / use |
| Plant / Equipment suitability | Plant / Equipment maintenance | Environmental factors | Stress / Pressure / Fatigue | Physical / mental health | Third party interference |
| Other factors: | ……………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |

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| **Prevention measures required:** | **Actions / changes required to prevent a recurrence** | **By whom?** | **By when?** |
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| **Investigator comments:** | …………………………………………………………………………………………….  ………………………………………………….…………………………………………  ……………………………………………….……………………………………………  …………………………………………………………………………………………….  ………………………………………………….………………………………………… |

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| **Follow-up actions:**  *(if required)* | ……………………………………………………………………………………………  ……………………………………………………………………………………………  …………………………………………………………………………………………… |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Investigation findings conveyed to team** | Yes / NA | |  | **Findings reported to client** | Yes / NA | |  | **Findings reported to WorkSafe** | Yes / NA | |
| Date: |  |  | Date: |  |  | Date: |  |

|  |  |
| --- | --- |
| **Investigation complete / closed** | Name.……………………….…………………………….… Signature….…………………………………..……………… Date…………...……… |