Department for

Infrastructure and Transport

Contractor Safety Incident and Investigation Reporting Form

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| Incident Report |

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| *Within 24 hours of an incident occurring the Contractor shall provide to the Principal an incident report.* |

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| **Contractor Name** | **Project Name and Contract No:** | **Sub-Contractor Name (if involved)** |

**Incident Type -** Select all Incident Classifications that apply.

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| **Notifiable Incident** | |
| Fatality | Serious Injury/Illness | | Dangerous Incident | |
| Has the Regulator been notified? | Yes  No | | Notification No: |  |
| Has the Regulator issued any instruction, notice or penalty? | Yes  No | |  | |

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| **Reportable Incident** | |
| Gas | Electrical | | Water / Sewerage | | Rail |
| Has the incident been reported to the Office of the Technical or Regulator or Office of National Rail Safety Regulator | | | | Yes  No | |

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| **Recordable Injury** | |
| Lost Time | Medical Treatment | | Restricted Work |

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| **High Potential Near Miss** | |
| Near Fatal | Near Serious Injury | |

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| **Were Emergency Services required?** | |
| Police | Fire | | Ambulance |

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| **Incident Details – describe what happened, not how it happened.** | |
| Time |  |
| Date |  |
| Location |  |
| Work Activity |  |
| Who was involved? |  |
| Incident Description |  |
| Severity of Injury or Damage  (If applicable) |  |
| Incident Classification |  |
| Immediate Response |  |
| Point of Contact/Number |  |
| **Please attach any relevant photographs.** | |

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| Investigation Report | |
| *With 3 working days of an incident occurring the Contractor shall:*  *• submit either a preliminary investigation report to the Principal detailing the event, immediate actions and methodologies to eliminate the risk, and the actions required to finalise the investigation; or*  *• submit a final investigation report containing details of the incident, information gathered, any direction or requirements imposed by regulatory bodies, analysis undertaken, identification of the underlying causes, and corrective action(s) to prevent a recurrence.*  *• where a preliminary report has been issued, provide the final report within 14 working days unless otherwise formally agreed with the Principal.* | |

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| **Status of investigation** |
| Preliminary Report | Final Report |

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| **Incident Details** |  | |
| What Happened |  | |
| Immediate Responses |  | |
| Internal Incident Classification |  | |
| Investigation Timeframe | Steps required to finalise: | Expected Completion Date: |

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| **Injury Details** |  |
| Injury Type |  |
| Health Care / Medical Care |  |
| Possible Recovery Period |  |
| Work Restrictions - (Medically Prescribed) |  |
| Modifications to Role / Reps |  |

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| **Incident Details** |  |
| What work was planned |  |
| Relevant Standards (Management System) |  |
| Available Information |  |
| Required Resources for the work |  |
| How was the work actually done |  |
| What conditions or circumstances are different in this instance |  |
| What controls were absent, inadequate, or inappropriate |  |

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| **Workgroup Perspectives / Statements** | |
| What was expected to happen?  (from the worker perspective) |  |
| How is this work normally done?  (from the worker perspective) |  |
| What was not understood or identified at the time of the incident?  (from the worker perspective) |  |

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| **Incident Learnings** |  |
| What has been discovered because of this incident?  (what gaps or deficiencies exist in the work information or work practices) |  |
| What can be done to prevent similar occurrences? |  |

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| Will further Incident Learning material be developed for sharing internally and with DIT industry partners? | Yes  No |

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| **Corrective Actions - What will be done to improve future (similar) work activities?** | | |
| Corrective Action(s) | Due Date | Status |
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| Review of Incident Investigation |
| |  |  |  | | --- | --- | --- | | **Area** | **Number of Learnings** | **Number of Actions** | | Management |  |  | | Planning |  |  | | Supervision |  |  | | Execution |  |  | | |  |  |
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