Department for

Infrastructure and Transport

Contractor Safety Incident and Investigation Reporting Form

|  |
| --- |
| Incident Report |

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

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

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

|  |
| --- |
| **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 |  |

|  |
| --- |
| **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 |

|  |
| --- |
| **Recordable Injury** |
| [ ]  Lost Time | [ ]  Medical Treatment | [ ]  Restricted Work |

|  |
| --- |
| **High Potential Near Miss** |
| [ ]  Near Fatal | [ ]  Near Serious Injury |

|  |
| --- |
| **Were Emergency Services required?** |
| [ ]  Police | [ ]  Fire | [ ]  Ambulance |

|  |
| --- |
| **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.** |

|  |  |
| --- | --- |
|  |  |
| 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.* |

|  |
| --- |
| **Status of investigation**  |
| [ ]  Preliminary Report  | [ ]  Final Report |

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

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

|  |  |
| --- | --- |
| **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  |  |

|  |
| --- |
| **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) |  |

|  |  |
| --- | --- |
| **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? |  |

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

|  |
| --- |
| **Corrective Actions - What will be done to improve future (similar) work activities?** |
| Corrective Action(s) | Due Date | Status |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Review of Incident Investigation |
|

|  |  |  |
| --- | --- | --- |
| **Area** | **Number of Learnings** | **Number of Actions** |
| Management |  |  |
| Planning |  |  |
| Supervision |  |  |
| Execution |  |  |

 |  |  |
|  |
|  |