

Incident Investigation and Report

SSSP Form 9



File number:

Hazard entered in register:

1 Investigation details

Write investigator name

Signature

Investigation start date

Investigation end date

 / / / /

2 Occurrence details

This report relates to:

Injury/Harm Property damage Near-miss

Incident date

Time

 / /

Location

Date reported

 / /

Person involved

Address

Mr Mrs Miss Ms

Phone number

Length of employment

Age

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SSSP Form 9



File number:

3 Injury / harm details

Indicate the type/s of injuries sustained

<input type="checkbox"/> Crush / Impact	<input type="checkbox"/> Bruising
<input type="checkbox"/> Strain / Sprain	<input type="checkbox"/> Scratch / Abrasion
<input type="checkbox"/> Fracture / Break	<input type="checkbox"/> Amputation
<input type="checkbox"/> Cut / Laceration	<input type="checkbox"/> Burn / Scald
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Foreign body	<input type="checkbox"/> Allergic Reaction
<input type="checkbox"/> Penetration	<input type="checkbox"/> Other (Describe Below)

Describe limb/body part affected and the nature of the injury

Injury severity rating

- Minor Moderate Notifiable injury

WorkSafe notified?

- Yes No

Injury response

- Nil First Aid only Medical attention Emergency services

Comment

Outcome

- Return to work Alternative duties Time off

Incident Investigation and Report

SSSP Form 9



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4 Near-miss details

Describe the occurrence

Severity

Significant Notifiable injury

WorkSafe notified?

Yes No

5 Damage details

Describe the property / item / material damaged

Describe the nature of the damage

Describe the action / object / vehicle / thing involved

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SSSP Form 9



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6 Incident description

Describe what happened - attach additional notes if necessary (attach diagrams - essential for all vehicle incidents)

7 Analysis

Write about contributing causes (these are the actions or inaction or conditions at the time that triggered the incident)

Write about primary causes (these are the system or process failures, planning and / or management failures that allowed the potential for the incident to develop in the first place)

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File number:

8 Prevention

What action has or will be taken to rectify the situation and / or prevent a recurrence?) By whom When

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9 Sign-off

Signed for employer

Date signed

		/			/				
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Signed by employee/s

Date signed

		/			/				
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10 Additional incident notes