**Accident/Incident Investigation Report**

Completion of this form is only required for specific accidents/incidents identified by the WCC Workforce Health and Safety Team; this includes certain HSE RIDDOR reportable accidents/incidents and others of a serious nature.

Prior to this form being completed, details of the accident/incident should have already been reported using the WCC online reporting system.

This investigation report form needs to be completed by the injured person’s manager, line manager, supervisor or team leader and seeks to ascertain more detailed information regarding the accident/incident. This investigation requires the analysis of all available information, including.

* + - Physical – the scene, equipment, evidence, photos
    - Verbal – witness statements and.
    - Written – risk assessments, procedures, instructions.

to identify what went wrong and to determine what action needs to be taken to prevent recurrence.

It may be necessary to involve additional specialist support, e.g. WCC Workforce Health and Safety Team depending on the complexity of the investigation and on occasions it may be the H&S Advisor that completes the report.

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| **Part 1: Incident Details** | |
| Investigation completed by: Name:  Post title: | Date of investigation:  Date and time of accident/incident: Incident Ref no (if known): |
| Name of person who suffered injury/ill health (*if applicable*) OR brief description of the incident. | |

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| 1. Exactly what was being done at the time and how did the accident/incident happen?  *(give as much detail as possible)* |
| 2. Explain the events/activities leading up to the accident/incident? |
| 3 Was there anything unusual or different about the working conditions on this occasion? |
| 4. Has there previously been any similar accidents/incidents that you are aware?  Yes No |

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| If yes – give details. |
| 5. Has a written risk assessment for the activity/process/operation been undertaken and is current?  Yes No  **If No** - please explain why one was not in place. (consider whether one is necessary and record your action in Part 2)  **If Yes** - was the risk assessment valid and up to date? (E.g. *has it been appropriately reviewed and is it representative of the activity/process/operation being undertaken)*  Yes No **If NO review immediately** and note this action in **Part 2**.  Were the risk assessment control measures being followed at the time of the accident/incident?  Yes *give details* -  No *explain why not* - |
| 6. Were there any additional or indirect issues that influenced the accident/incident? *(For example, lack of supervision; lack of skills/ knowledge/ competence/ inappropriate working procedures/ violations; employee own actions)*  Yes No  If yes – give details. |
| 7. Was maintenance, cleaning, housekeeping, or physical workplace conditions including layout of area, sufficient? *(For example, did the incident occur due to inadequate lighting, uneven floors, badly maintained machinery/ plant/ equipment, appliances, using work equipment)*  Yes No  Give details - |
| 8. Were the people conducting the task competent and suitable? (*Did they have the necessary skills, knowledge, and training to perform the task and were records held of this e.g. training, PPE provided? Do not forget to consider young people and working practices)*  Yes No  If No – give details. |

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| 9. Were relevant safety support systems working and sufficient at the time of the accident/incident? *(For example, power supply isolation in place and used, e-stops enabled and located as necessary, local exhaust ventilation (LEV))*  Yes No N/A Give details - | | | | |
| 10. Have photographs been taken of the accident/incident site or other hard evidence kept?  Yes (*please attach*) No  Please state when the photographs were taken including date/time and attach them. | | | | |
| 11. Additional Information | | | | |
| **Part 2: Further action** | | | | |
| 12. What was the immediate, underlying and root cause?  *(For example, consider whether training/supervision was sufficient, whether equipment was suitable, adequately maintained and fit for purpose, whether the safe system of work (ssow) was adequate and implemented. If the SSOW was inadequate, then please say why?* | | | | |
| 13. What risk assessments and safe working procedures need to be written/ reviewed and updated? *(if applicable*) | | | | |
|  | Name of risk assessment/safe working procedure (SSOW) | Person responsible | Completion date |  |
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| 14. What needs to be done in the short and long term to prevent a recurrence? *(For example, floor repaired, revised SSOW, improved training and instruction)* | | | | | | |
|  | Control measure | Person responsible | | | Completion date |  |
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| Items to be attached to this form (*where applicable*) | | | | Comments | | |
| Photographs Witness statements.  Appropriate risk assessment(s)  Relevant training/competency documentation  Safe System of Work (SSOW) or Method Statement PPE records  Workplace inspection reports  Equipment maintenance/ examination/use records | | | |  | | |
| Please state to whom the findings of this investigation have been forwarded: (*For example, those managers who are required to action findings of this investigation and those managers who require it for information)*  Name: Post title:  Date forwarded: | | | | | | |
|  | Name of Manager/Officer completing investigation: | | Signature: | | |  |
|  | Post Title: | | Date: | | |  |

**When completed, attach as a supporting document to the ‘online’ accident recording system.**

**Any queries please ring Tel No: 01926 476803.**

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**Protective Marking:** Not Protectively Marked