

Event Investigation Form

If you have an event (injury/illness/incident/near miss) call HazardCo ASAP on 0800 555 339

Information Collection - Analysis

Work through the questions (what, when, where, why, who, how etc) to find out what circumstances led to the event, be as detailed as you can.

Event type:

Injury Illness Incident Near Miss

Reporting PCBU:

PCBU responsible for involved worker:

Name of worker involved: (if applicable)

What happened? (brief summary of events, circumstances, equipment involved etc)

Medical assistance required:

None First Aid GP/After Hours Hospital A and E Hospital Admitted

Injury description and treatment received: (if applicable)

When did it happen? (date and time)

What caused it to happen? (contributing factors)

Where did it happen? (address, description of worksite and surroundings)

Corrective action: (what are you going to put in place to prevent a similar event happening)

Corrective actions assigned to:

Corrective actions completion date:

Investigation completed by:

Investigation completion date:

Send completed form to HazardCo info@hazardco.com or fax 09 523 6749