

EVENT INVESTIGATION FORM



If you have an accident 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 accident/incident. Be as detailed as you can.

Company Name:

What Happened? (brief summary of events)

When did it happen? (date & time)

Where did it happen? (location, description of worksite & surroundings & related equipment)

Who did it happen to? (employee, contractor, apprentice, experienced or inexperienced worker, trained, untrained)

Why or How did it happen? (contributing factors; eg. fatigue, rushing, weather, equipment failure, inattention, outsiders)

Remedial Action: (what are you going to do to prevent a similar event happening in the future - enter the date you expect to complete this & who is responsible for doing it)

Actions Assigned

to:

Actions Complete:

Date / /

Investigation completed:

Date: / /

Investigation Completed

By:

Fax this completed form to HazardCo on 09 5236749 or email to info@hazardco.com