

AIIR4 – Corporate Health and Safety Accident/Incident Investigation Report

(Name of Accident/Incident)

1.0. Event Overview

Persons Involved						
Relationship to incident	Name	Address	Contact Number	Email Address	Employee	
					Yes	No

Injuries Sustained					
Injured Person	Part of the Body	Brief description of injury	Medical attention received?	If yes, where?	RIDDOR Reportable?

Equipment/Vehicles Involved			
Type	Registration/Identification	Make	Model

Incident/Accident Detail		
Date	Time	Exact Location
<input type="checkbox"/> Employee injury <input type="checkbox"/> Third party injury <input type="checkbox"/> Near Miss <input type="checkbox"/> Ill health <input type="checkbox"/> Violent Behaviour <input type="checkbox"/> Vehicle related		

2.0. Summary of Event

(provide a general overview of the incident, including the injuries and treatment received)

3.0. Scope of Investigation

(what will be looked at as part of this investigation)

4.0. Investigation Findings

(include your full investigation and findings)

5.0. Investigation Analysis

Immediate Causes:

-

Underlying Causes:

-

Root Causes:

-

6.0. SMART Actions and Recommendations

Action	Responsible Officer	Target Date	Requirement
			(requirement)
			(action that could be considered)
			(idealistic Action)

7.0. Supporting Evidence

Evidence	Link/Attached

8.0. Sign Off

Investigator	(name)	(signed)	(Job Title)	(date)
Reviewed By	(name)	(signed)	(job Title)	(date)