INCIDENT INVESTIGATION PRO-FORMA (ACC2)

Establishment:

Name of Injured Person:

Date and Time of Accident:

Manager's comments on the circumstances of the accident and confirmation of the conditions at the time of the accident:

Manager's view as to why the accident happened:

Cause:

Contributory Factors:

Action taken to prevent recurrence of accident:

Documentation Available: Please forward copies of the documentation to the Health and Safety Team.	Yes	No
Pre-accident risk assessment	0	0
Post-accident risk assessment	0	0
Written information or instruction given to member of staff (including safe working procedures)	0	0
Formal training records covering the activity	0	0
Detail below the documentation issued together with dates, if known. If there are no records, outline below the verbal instructions that were issued:		
First Aid Record	0	0
Photographs of accident scene or sketch of area	0	0
Statements of injured persons or witnesses	0	0
Safety Forum at which incident was discussed:		

Additional Information:

Signed:..... Investigating Officer

Date:....

April 2006