

## **Incident / Accident Investigation Form**

This is for *Over-7-day*, *Specified* or *Fatal* injuries/work-related illnesses + other incidents that warrant investigation It is to be completed by Area Managers or equivalent



One-sentence summary of incident					
Service Name	Inc	cident Date			
Injured Person Name		ssessnet eference	ACCB	/A	

At the end of every section of this report is a quality check for you, the investigator to complete. Put a cross in all  $\boxtimes$  check boxes to confirm that <u>all</u> requirements have been covered

(In MS Word, double-click the checkbox & select 'check' in the popup menu).

## Before you start this investigation, make sure you read:

- 1. The Investigation section in Part 7 of the Health & Safety Manual
- 2. The Documents Brief and Checklist that accompanies this investigation
- 3. All the quality check questions in this report

Before the Event	
Investigator's Quality Check on the 'Before the Event' Section:	_
Have you made sure this section describes; what happened before the incident / accident that caused or contributed to it? (To the best of your knowledge)	

Part 7f: Incident/Accident Investigation Form – (Oct 2018)

Durin	g the	e Event	
Investigator's Quality Check on the 'During the	Event'	Section:	
Have you described any injuries in this section?		Does this section describe what happened during the event?	

After the Event
Investigated a Cuality Check on the (Affect the Frent) Section.
Investigator's Quality Check on the 'After the Event' Section:  Does this section describe what happened after the event (immediate, short and long- term)?
Does this section describe what happened after the event (inimediate, short and long-term):
Indirect Consequences
Investigator's Quality Check on the Indirect Consequences Section:
Have you stated here what the consequences were to others who were not directly involved in the accident/incident?
(e.g. lack of support for other people who use the service, distress of staff or public)

Analysis / Discussion
Consider breaking up your discussion below with the following sub-headings: 'Immediate and Underlying (Root)
Causes', 'Risk Assessment(s) and Guidelines', 'Information, Instruction and Training', 'Maintenance and
Checking', 'Staffing Levels', 'Observations of Staff Practice', 'Clothing – including footwear and personal protective equipment where relevant, Post Incident Support (to injured person and others affected)
protective aquipment whole relevant,

Investigator's Quality Check on the 'Analysi	e/Discu	esion' Soction:	
Have you given your opinion on what the immediate and underlying causes were?		Have you said if there is evidence of suitable and sufficient training relating to this incident?	
Have you discussed whether the risk assessment(s) and guidelines were suitable and sufficient?		Have you said whether staffing levels were adequate?	
The purpose of this investigation is not to apportion blame but to learn from the incident so we can prevent a re-occurrence. Does your conclusion take this approach?		Have you said if the injured person's line manager provided sufficient observations and support of staff practice as they were exposed to the risks?	
Have you said if it can be evidenced that staff read and understood the risk assessment(s) and guidelines?		If applicable, have you explained whether personal protective equipment was suitable, available, and used?	
If the incident involved issues with premises or equipment, have you said if there was evidence of adequate maintenance and checking?		If applicable, were staff told why they had to wear personal protective equipment?	
Have you made it clear when you are expressing an opinion?		Have you demonstrated that we are a caring employer (for example home visits offered and referral to Corpore)?	
Over	rall Co	onclusions	
Investigator's Quality Check on the 'Overall O	Conclus	sions' Section:	
Have you given an overall sense of what happened a	nd what v	we can learn from this incident (while taking care to be	
clear where you are expressing facts and where you are expressing opinion)?			

Action Plan					
Actions to prevent a re-occurrence			Action (Initials)	Date for Completion	Date Completed
		ļ		!	1
				,	
		ļ		!	1
				!	1
		ļ		!	1
		ļ		1	
				!	1
		ļ		1	1
		ļ		!	
		ļ		1	1
		ļ		1	1
		ļ		!	1
		ļ		!	1
		ļ		!	
		ļ		!	
				!	
		ļ		!	
				!	
		ļ		!	
				!	
		ļ		!	
				!	
		ļ		!	
				!	
		ļ		!	
				!	
		ļ		!	
Investigator's Quality Check on the 'Action Plan's					
Have you included completion or review of a risk assessment?	C	conclusion	has a correspond	ery problem desco conding action he ponds to the cond	ere and that

Investigator's Overall Quali	ty Ched	ck on the Investigation Report	
Have you made sure this form is typed before signing it?		Wherever you based your description on what someone said, have you always used phrases like "I was informed by John Smith, Senior Support	
Have you read through the investigation brief and checklist thoroughly before completing this investigation?		Practitioner that x happened."? (Rather than assuming what they said was factually correct)	
Have you followed the Investigation guidelines in Part 7 of the Health & Safety Manual?		Have you given full names and proper job titles throughout your report	
Did you read all personal statements / witness statements before completing this report?		Have you avoided abbreviations throughout your report	
D	eclarat	ion:	
I have made sure all sections of this form are any actions in this form are carried out. This again if possible.			
Investigating Officer			
Name	Signat	rure Date	
Head of Operations or Equivalent P	ost		
Name	Signat	rure Date	