

KILSBY SINKHOLE

Incident report No...../...../.....

Incident/Near miss reporting form

The reason for form is to report an incident or near miss, proposing: the cause or causes of the incident; to identify any risks, hazards, systems or procedures that contributed to the incident; and to recommend corrective action to prevent similar incidents.

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|--|--------------------------|--------------------------|
| Details of the incident/near miss: | Date of incident: | Time of incident: |
| Short description of incident / near miss: | | |
| Area where incident / near miss occurred: | | |

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|--|--------------------------------|
| Details of the incident/near miss | |
| Name of injured person (if relevant): | Injury sustained(if relevant): |
| Name of person completing this form: | |
| Contact number: | Date completed: |

| | | |
|------------------------|--------------------|----------------|
| Witness details | | |
| Name/s | Entity Represented | Contact number |
| | | |
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|--|--|
| Immediate causes / Contributing Causes that may have been a factor to the accident/incident | |
| What preventative action could have been taken? Why was this action not taken? | |
| How much experience did the individual have in the task/s that was being performed when the accident / incident occurred? What training has the individual completed? | |
| What is the chance of the accident / incident occurring again? | |

Full description of events.

Who was involved:

Briefly describe what happened including the sequence of events, review scene of incident or near miss; conditions present at time of incident; what was involved, what activity (if any) was taking place prior and at time of incident. What hazards may have contributed to the incident occurring? (Attach photos if available)

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INVESTIGATION RECOMMENDATIONS What recommended corrective action/s (i.e. solution/s could to prevent the recurrence of the incident

| Recommendation | Recommended responsibility of: |
|----------------|--------------------------------|
| | |
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| | |

IMPLEMENTATION DETAILS

| Date implemented | Action taken | Responsible person | Review Date |
|------------------|--------------|--------------------|-------------|
| | | | |
| | | | |
| | | | |

Signature of form contributor:

Date:

Attachments: e.g. photos, drawings, notes.