

INCIDENT/ACCIDENT REPORTING FORM

SECTION 3: ANALYSIS OF THE INCIDENT INVESTIGATING OFFICER TO FILL IN

21] FINDINGS (FROM INVESTIGATING OFFICER SITE VISIT & DOCUMENT REVIEW)

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ROOT CAUSE ANALYSIS

22] <input type="checkbox"/> ENGINEERING/TECHNICAL	<input type="checkbox"/> LACK OF MAINTENANCE <input type="checkbox"/> WORKPLACE DESIGN (EQUIPMENT, DESIGN, LAYOUT) <input type="checkbox"/> INEFFECTIVE BARRIERS <input type="checkbox"/> FACILITY LIMITS BREACHED BY EXTREME EVENT	DETAILS:
<input type="checkbox"/> MANAGEMENT SYSTEM	<input type="checkbox"/> POOR HOUSEKEEPING <input type="checkbox"/> LACK OF TRAINING <input type="checkbox"/> LACK OF PROTECTIVE EQUIPMENT <input type="checkbox"/> UNSAFE WORK METHODS	DETAILS:
<input type="checkbox"/> BEHAVIOURAL BASED	<input type="checkbox"/> INEXPERIENCE <input type="checkbox"/> MISCONDUCT <input type="checkbox"/> LANGUAGE DIFFICULTIES <input type="checkbox"/> FAILURE TO COMPLY WITH SAFETY RULES	DETAILS:

23] NAME(S) OF INVESTIGATING OFFICER(S):	DATE: SIGNATURE	HSE CORRESPONDENT (S) IN OTHER AGENCIES:	CONTACT NUMBER (S):
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SECTION 3: CONCLUSION INVESTIGATING OFFICER TO FILL IN

24] HUMAN INFLUENCED NON-HUMAN INFLUENCED

25] MEASURES TAKEN TO PREVENT RECURRENCE OF INCIDENT:	<u>TARGET DATE / ESTIMATED COST:</u>
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ADEQUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO *(IF NORECOMMENDED ADDITIONAL MEASURES):	<u>INVESTIGATING OFFICER SIGNATURE:</u>
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HEAD OF DEPT OFFICIAL USE SIGNATURE:

COMMENTS:

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END OF FORM