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| --- | --- | --- | --- | --- | --- | --- |
| Date of accident/incident: | | | | Time: | |  |
| LOCATION: | | | | | | |
| PERSONS INJURED/INVOLVED? State who was involved including details of their occupation and experience. | | | | | | |
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| EQUIPMENT/MATERIALS INVOLVED? | | | | | | |
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| TYPE OF INJURY For “near miss” incidents note the likely injury that could have been sustained. | | | | | | |
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| HOW DID THE ACCIDENT HAPPEN? Describe what happened, emergency action taken. List all persons present, equipment/materials, work practice, environmental factors (eg weather). Attach statements from witnesses. | | | | | | |
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| WAS THE ACCIDENT THE RESULT OF A **SIGNIFICANT HAZARD?** Establish the root cause of the accident and assess if it arose from a significant hazard. | | | | | | |
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| IS IT LIKELY TO HAPPEN AGAIN? | | | | | | |
|  | | | | | | |
| REMEDIAL ACTION REQUIRED | | | Responsible Person | | Completion Date | |
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| REMEDIAL ACTION COMPLETE AND EFFECTIVE? | | | YES/NO | | | |
| IF NO. WHAT FURTHER ACTION IS REQUIRED TO EFFECT A REMEDY? | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Signed: |  | Position: |  | | Date: | |