

Investigation				
Who was the incident reported to?	<i>Investigating Officer</i> Duty Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Witness (s) <i>(include contact details if not staff)</i>	<i>Name</i>	<i>Phone</i>	<i>Address</i>	
Details of activity at time of incident <i>(Confirm whether or not this activity forms part of person's usual duties)</i>				
Were there any contributing factors to the incident	<i>(eg. Unforeseen hazard, PPE not worn, faulty equipment, training etc)</i>			
Details of any damage occurring to property or equipment				
Details of immediate steps taken to eliminate further risk / stabilise situation				
Further Reports Required	<input type="checkbox"/> CEO	<input type="checkbox"/> WHS Committee	<input type="checkbox"/> Return to Work SA (Claims Agent)	<input type="checkbox"/> Safe Work SA
Date Sent				
Signature <i>(Injured Person)</i>				Date:
Signature <i>(Investigating Officer)</i>				Date:

Risk Assessment (to be completed by WHS Committee)					
Date of WHS Committee Meeting					
Investigation complete/adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Further Action Required				
If further action required, list action to be taken	<table border="1"> <tr> <th>Action</th> <th>By Who</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Action	By Who		
Action	By Who				
Result of investigation					

RISK MATRIX	RISK SEVERITY / CONSEQUENCE				
	FATALITY may cause one or more fatalities	CRITICAL may cause severe injury, > 2 weeks lost time	MAJOR injury resulting in at least one day lost time	MINOR medical treatment injury, return to work	NEGLIGIBLE first aid treatment, no lost time
VERY LIKELY exposure happens frequently	Extreme	Extreme	High	Medium	Medium
LIKELY exposure but not frequently	Extreme	High	Medium	Low	Low
UNLIKELY exposure could happen but only rarely	High	Medium	Low	Low	Low
VERY UNLIKELY exposure could happen but probably never will	Medium	Medium	Low	Very Low	Very Low

Assessment of likelihood of recurrence	
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Details of action to be taken				
WHS Committee endorsement	Date:			
To be reviewed by	<input type="checkbox"/> WHS Committee	<input type="checkbox"/> Southern Committee	<input type="checkbox"/> SRASA Board	<input type="checkbox"/> Other (<i>please list</i>)
Date of next meeting				
Final Outcome				