

HSE INCIDENT /ACCIDENT /NEAR MISS INVESTIGATION



Health and Safety – Incident / Accident or Near Miss Investigation			
Company Name		Employee Name	
Particulars of Incident / Accident or Near Miss			
Date of Incident	Time of Incident	Site Address	
Date Reported	Reported by	Cause of Accident or Incident:	
Nature of Incident / Accident / Near Miss full details:			
Damaged to property of materials, full details:			
Type of Injury: <input type="checkbox"/> Bruising <input type="checkbox"/> Scratch / Abrasion <input type="checkbox"/> Amputation <input type="checkbox"/> Burn / scald		<input type="checkbox"/> Dislocation <input type="checkbox"/> Internal <input type="checkbox"/> Foreign body <input type="checkbox"/> Chemical Reaction	
		<input type="checkbox"/> Strain /sprain <input type="checkbox"/> Fracture <input type="checkbox"/> Laceration / cut	
		How serious could it have been? <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Very Serious	
		How often is this likely to happen? <input type="checkbox"/> Not often <input type="checkbox"/> Occasionally <input type="checkbox"/> Often	
Injured part of body: _____			
Additional Information:		Analysis of incident:	
What action will be taken to prevent another incident like this happening again? Action: By Who: Date:		Treatment for incident: Type of treatment: Doctor / Hospital: ACC claim <input type="checkbox"/> Yes <input type="checkbox"/> No WorkSafe advised <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	

Employee Information		
Name	Contact number	Date of Birth
Additional feedback by Employee:		
Investigation Information		
Client Investigator Name:	NLH Investigator Name:	
Client Investigator Notes:	NLH Investigator Notes:	
Signature Client:	Signature NLH:	

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Additional Notes if required: