Health, Safety & Welfare Accident/Incident Investigation

HEALTH SAFETY & WELFARE

Section 1. Investigation Summary Finding

Date of Incident:		Incident/ref Number:	
☐ Accident ☐ Near Miss		Time of Incident:	
Investigator(s):			
Incident location:			
Injured person(s):			

Materials attached to the investigation report, e.g. Witness statements etc.

This report may be required for legal purposes, evidence must be gathered thoroughly and any conclusions drawn must be supported by the findings.

Narrative of events.

Briefly provide a **FACTUAL** description of the events and circumstances of the incident based on your investigation findings. Any inconsistencies in accounts/evidence that cannot be resolved should be noted. Do not attempt to provide a definitive account if you do not have supporting evidence. Continue on a separate sheet if necessary.

Section 2. Accident/Incident details

A – About the incident

What date did the incident happen?

What time did the incident happen? (24 *hour clock*)

Where did the incident happen? (*tick one box only*)

- ☐ Fire service premises – give the location
- ☐ Other premises – give the name and address
- ☐ Public place – e.g. on a road give details.

Details:

Where on the premises did the accident happen?

Was this:

- ☐ an accident?
- ☐ a near miss? **Go to section 3**

B – About the injured person

(*complete the details for each injured person*)

What is their full name?

What is their home address? (*non-employees only*)

Age?

What is their gender? ☐ Male ☐ Female

What is their job title?

Was the injured person (*tick one box only*)

- ☐ a Fire Service employee?
- ☐ A Fire Brigades Union member

FBU membership number:

- ☐ self-employed/contractor?
- ☐ a member of the public?

Details:

C – About the injury

What were the injuries? (*tick all that apply*)

Details:

- ☐ None apparent
- ☐ Pain/soreness
- ☐ Bruising/swelling
- ☐ Cut/lacerations
- ☐ Crush
- ☐ Sprin/strain
- ☐ Fracture
- ☐ Dislocation
- ☐ Amputation
- ☐ Burn
- ☐ Scald
- ☐ Eye injury
- ☐ Loss of sight
- ☐ Loss of hearing
- ☐ Poisoning
- ☐ Needle stick
- ☐ Breathing problem
- ☐ Exhaustion
- ☐ Unconsciousness
- ☐ Skin irritation
- ☐ Psychological stress
- ☐ Bite

Other – give details:

What parts of the body were injured? (*tick all that apply*)

☐ None apparent			☐ Finger or thumb		
☐ Head			☐ Upper back		
☐ Face			☐ Lower back		
☐ Eye	☐ R	☐ L	☐ Chest		
☐ Neck			☐ Abdomen		
☐ Shoulder	☐ R	☐ L	☐ Hip	☐ R	☐ L
☐ Upper arm	☐ R	☐ L	☐ Thigh	☐ R	☐ L
☐ Elbow	☐ R	☐ L	☐ Knee	☐ R	☐ L
☐ Forearm	☐ R	☐ L	☐ Lower leg	☐ R	☐ L
☐ Wrist	☐ R	☐ L	☐ Ankle	☐ R	☐ L
☐ Hand	☐ R	☐ L	☐ Foot	☐ R	☐ L

Other – give details:

D – Emergency treatment

Was first aid given?

- ☐ No
- ☐ Yes – by whom?

Details:

Was the injured person taken to hospital?

- ☐ No
- ☐ Yes – which hospital?

Hospital:

Are they to remain in hospital for more than 24 hours?

- ☐ No
- ☐ Yes
- ☐ N/A

Did the injured person remain on duty?

- ☐ No
- ☐ Yes

Section 3. Work environment

Did anything about the work environment contribute to the incident?

Visit the scene of the incident as soon as practicable. Consider the following:

a. Access/egress
b. Edge/fall protection
c. Floor surface conditions
d. Housekeeping/cleanliness
e. Lighting/visibility
f. Noise
g. Temperature
h. Traffic routes
i. Weather
j. Layout/space
k. Warning signs
l. Workplace inspection reports

☐ Yes – provide details ☐ No

Consider making sketch plans or taking photographs where it will provide evidence or be of assistance

Details/comments (*continue on a separate sheet if necessary*):

Section 4. Work equipment and machinery

Did equipment/machinery contribute to the incident?

Consider the following:

a. Is there any evidents of defects of failure?
b. Suitability for use and conditions?
c. Were inspection, test and maintenance satisfactory?
d. Written risk assessments, instructions, training and records?

☐ Yes – provide details & impound equipment ☐ No

Has impounded equipment been examined by a competent person, has equipment been impounded? Obtain a written report if possible/applicable.

Obtain photographs of any visible defects and copies of test/maintenance records and attach them to this report

Details/comments (*continue on a separate sheet if necessary*):

Section 5. Personal Protective Equipment (PPE) including Respiratory Protective Equipment (RPE)

Were PPE/RPE issues a contributory factor?

Consider the following:

a. Was PPE/RPE required?
b. Did it perform adequately?
c. Was PPE/RPE in good condition?
d. Was is suitable for the risks/ circumstances
e. Was PPE/RPE properly worn/used?
f. Was it tested and maintained?

Were PPE/RPE issues a contributory factor? ☐ Yes – provide full details ☐ No

Has impounded equipment been examined by a competent person, has equipment been impounded? Obtain a written report if possible/applicable.

Details/comments (*continue on a separate sheet if necessary*):

Section 6. Systems of work

Consider the following:

a. Is there a recognised safe way of doing the work?
b. Was the work carried out in the recognised safe way?
c. Do adequate, clear, up-to-date written instructions exist?
d. Was supervision adequate for the level of risk?
e. Were people adequately briefed/instructed?
f. Is there any evidence of previous unsafe practices?

Were systems of work a contributory factor?	☐ Yes – provide details	☐ No
Details/comments (*continue on a separate sheet if necessary*):		

Section 7. Training & Information

Consider the following:

a. Have personnel received adequate training (including safety training)?
b. Are records of training adequate?
c. Are training needs properly identified?
d. Is training properly planned & delivered?

Were training or information issues a contributory factor?	☐ Yes – provide details	☐ No
Details/comments (*continue on a separate sheet if necessary*):		

Section 8. Risk assessment

a. Do risk assessments exist?

Details – Reference ☐ Yes – provide details ☐ No

Are the risk assessments suitable and sufficient in relation to the safety event ☐ Yes ☐ No – provide details

Details/comments (*continue on a separate sheet if necessary, attach copies of Risk Assessments with this form*):

Section 9. Immediate causes

What were the unsafe conditions and/or unsafe acts on the day, which led to the incident occurring?

Section 10. Underlying causes

What organisational factors led to the unsafe conditions and/or unsafe acts? e.g. inadequate training, maintenance etc.

Section 11. Recommendations for action to prevent recurrence

What action can be taken (or has been taken) to prevent a similar accident happening again?

Recommended action including timescales for completion	Priority H, M, L	Action No.

Section 12. Recommendations from the Fire Brigades Union to prevent reccurence

Could a similar accident happen again? If so, what action can be taken to prevent this?

Recommendations including timescales for completion	Priority H, M, L	Action No.

Section 13. Regional FBU HSW co-ordinator comments:

Signature		Print name:		Date:	
Region:		Contact number/email address:			

Action Plan

No.	Action Required	Action by

Print name:	
Date completed:	

Investigator's signature		Print name		Date:	
Date sent to FBU:					

WHEN COMPLETED SEND TO THE
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