

Investigation Form



Use this investigation form when notifiable events are reported through the OnSide app. Keep the record for 5 years.

INCIDENT DETAILS			
Date of incident		Property name	
Date reported			
Time of incident			
Start time at work		Location on property	
Day (circle one)	M T W T F S S		

DETAILS OF INJURED/INVOLVED PERSON			
Full name		Phone number	
Address		Length of employment	
Date of birth		Next of kin	
The injured person is	Employee	Visitor	Contractor Other
Name of witness		Witness phone number	

INCIDENT DETAILS			
Description of the incident (include diagram if needed) <ul style="list-style-type: none"> What happened Why Where How Who 			
What PPE was being worn at the time?			
How bad could it have been?	Very serious	Serious	Minor
What is the chance of it happening again?	High	Medium	Low
Type of illness? (if applicable)			
Type of injury (please circle)	Fracture	Part of the body (please circle)	
Sprain/strain	Dislocation		
Amputation	Internal injury		
Laceration/cut	Bruising		
Scratch/abrasion	Burn/scald		
Foreign body	Electric shock		
Chemical reaction	Other		
Treatment given (circle one)	None		

INCIDENT DETAILS			
Property/material damage (circle one)	Buildings	Plant/equipment	Other
Damage caused by (circle one)	Fire	Chemicals	Other
Notifiable Event	Y / N	Worksafe NZ notified	Y / N
Worksafe NZ file number			

INCIDENT INVESTIGATION - CONTRIBUTING CAUSES
Contributing personal factors
(E.g. not following procedure, carelessness, stress, fatigue, in a hurry, inattention, short-cut being taken, ill health)
Contributing environmental factors
(E.g. high/low temperature, high/low light, untidy work area, uneven surface, slippery surface, gradient, weather conditions)
Contributing equipment or substances factors
(E.g. wrong tool for the job, poor maintenance, hazardous substance, PPE not worn, substandard product)
Contributing job factors
(E.g. no SOP, lack of training, lack of knowledge, repetition)
Contributing organisational factors
(E.g. poor culture of safety, low staff morale, lack of supervision, abusive behaviour)
Conclusion
(Include comments from injured person on how the incident could have been avoided)

CORRECTIVE ACTIONS			
What actions have been taken to prevent a recurrence	Person responsible	Target date	Completion date
1			
2			
3			
4			

Have the new risks been logged into OnSide?	Y / N
Have the new corrective actions been logged into OnSide?	Y / N

Manager's signature		Date	
Employee's signature		Date	