



Incident / Hazard Investigation & Control

Please ensure Incident/Hazard Investigation form is completed and emailed through to the Office once investigation is complete

If it is a **SERIOUS** Incident, please contact the office **IMMEDIATELY**

INCIDENT INVESTIGATION – To be undertaken by Technicians

If the incident was caused by a criminal act, Have the Police been informed ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has a work order been logged with facilities in relation to this report ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has Azstar's Health & Safety Representative been consulted in relation to this report Name:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

What were the factors that may have led to the incident/hazard (there may be more than one) Consider areas below:

System	Plant Equipment	Environment	People
No <input type="checkbox"/> Yes <input type="checkbox"/> see below	No <input type="checkbox"/> Yes <input type="checkbox"/> see below	No <input type="checkbox"/> Yes <input type="checkbox"/> see below	No <input type="checkbox"/> Yes <input type="checkbox"/> see below
Procedures <input type="checkbox"/>	Size/Weight <input type="checkbox"/>	Access <input type="checkbox"/>	Supervision <input type="checkbox"/>
Workload <input type="checkbox"/>	Design <input type="checkbox"/>	Housekeeping <input type="checkbox"/>	Training <input type="checkbox"/>
Maintenance <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Lighting <input type="checkbox"/>	Job competency <input type="checkbox"/>
Task Allocation <input type="checkbox"/>	Chemicals <input type="checkbox"/>	Weather/Temperature <input type="checkbox"/>	PPE not used <input type="checkbox"/>
Audits <input type="checkbox"/>	Other <input type="checkbox"/>	Floor/ground surface <input type="checkbox"/>	Other <input type="checkbox"/>
Other (Specify) <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>

Any other observations / comments from Manager:

RISK ASSESSMENT

Risk Assessment - What is the worst possible consequence of this hazard / incident ?
What is the likelihood of this occurring ?

RISK RATING	LIKELIHOOD				
	RARE The event will only occur in exceptional circumstances	UNLIKELY The event is not likely to occur	POSSIBLE The event may occur	LIKELY The event is likely to occur	ALMOST CERTAIN The event is almost certain to occur
Catastrophic (Accidental death/serious injury)	Significant Risk	Significant Risk	High Risk	High Risk	High Risk
Major (Serious Injury)	Low Risk	Moderate Risk	Significant Risk	High Risk	High Risk
Moderate (Lost time due to workplace injury)	Low Risk	Low Risk	Moderate Risk	Significant Risk	High Risk
Minor (Minor workplace injury – no lost time)	Low Risk	Low Risk	Low Risk	Moderate Risk	Significant Risk
Minimal (No injury)	Low Risk	Low Risk	Low Risk	Low Risk	Moderate Risk

RISK RATING - for this hazard / incident (tick which one is appropriate)

HIGH RISK	<input type="checkbox"/>	SIGNIFICATE RISK	<input type="checkbox"/>	MODERATE RISK	<input type="checkbox"/>	LOW RISK	<input type="checkbox"/>
Immediate action required		Action required as soon as possible		Action required within 1-3 months		Monitor the hazard (Minimal action)	



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RISK CONTROL

List any short term actions that have been implemented to control the risk of repeat:

What further actions need to be taken to control the risk (If risk control not relevant please indicate NA in the relevant box)
NOTE: When identifying appropriate controls, you should start at the top of the hierarchy (try to eliminate the hazard first) If that's not possible, then one of the other control measures or a combination of them will be necessary)

RISK CONTROL	ACTION TO BE TAKEN	BY WHOM	BY WHEN
<p style="text-align: center;">Most Effective</p> <p style="text-align: center;">Least Effective</p>	Elimination Eg: Discontinue use of product, equipment, cease work process		
	Substitution Eg: Replace with similar item that does the same job but with lower hazard level		
	Isolation Eg: Put a barrier between the person and the hazard		
	Engineering controls Eg: Change the process, equipment or tools so the risk is reduced		
	Administration Controls Eg: Guidelines, procedures, rosters, training etc to minimise the risk		
	Personal Protective Equipment Eg: Equipment worn to provide a temporary barrier		

Investigation completed by Technician / Azstar WH&S Representative

Print Name:
Position Title:
Signature:

Phone:
Date:

Print Name:
Position Title:
Signature:

Phone:
Date: