

Investigation Report Form - HS003

Guideline

This Investigation Report Form is to be used for investigating safety related incidents in the following circumstances:

- a) A serious incident has been reported, which may need to be reported to the State Regulator (eg.in NSW - SafeWork NSW, in Canberra - WorkSafe ACT).
- b) An incident/issue has been accepted as a Workers Compensation claim.
- c) An issue that has been previously raised with the worker's supervisor or their work group's Safety representative (HSR), or the Safety Committee (L3) which has not been able to be resolved.
- d) As requested by the Senior Manager, Safety and Injury Management.

Refer to [HS307 Hazard & Incident Reporting Procedure](#)

the local Safety Contact located here - <https://safety.unsw.edu.au/contacts>.

If you wish to provide feedback on this form, please email safety@unsw.edu.au.

Title	To be determined by the Safety Team		
Date of Investigation Report			
Investigation report prepared by			
Investigation team (add extra lines if more names are part of the investigation team)			
Name		Job Title	
Preferred Name		Staff Student Other	ZiD
Name		Job Title	
Preferred Name			

Date of report			
Name of person who reported incident/issue			
Name of injured person (if relevant)			
Injury sustained (if relevant)			
Name of Responsible Manager			
Workers Compensation Claim accepted	Yes	No	NA
Reportable to the Regulator (e.g. SafeWork NSW; WorkSafe ACT)	Yes	No	
If yes, reported by			
On			
Reference			

Participants Involved in Incident (add extra lines if more participants)			
Name		Job Title	
Preferred Name			

Immediate cause(s) of the incident/issue (add additional lines as required)
e.g., the environmental conditions at the time; action taken by the person/others; equipment failure
1.
2.

Corrective actions implemented and/or to be considered / possible measures to resolve issue (add additional lines as required)			
Corrective action (s) /Measures	By who?	Date due	Date completed
1.			
2.			
3.			
4.			
5.			

