



THE UNIVERSITY OF
MELBOURNE

INCIDENT INVESTIGATION S4 FORM

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This form is to be used in conjunction with the procedure Incident Reporting & Investigation - EHS Requirements (UOM 364).

1. Details of the incident being investigated

Incident Report confirmation number:

Name of injured person (if applicable)	<input type="text"/>	Date of incident	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of person who reported incident	<input type="text"/>	Date of report	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. Details of the Incident Investigation

Name of person completing this form	<input type="text"/>	Date completed	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone Number	<input type="text"/>	Email address	<input type="text"/>

Is this form being completed as part of an onsite investigation?	Yes <input type="checkbox"/>	Names of Investigation Team	<input type="text"/>
	No <input type="checkbox"/>		<input type="text"/>
	<input type="text"/>		

Have any witnesses been interviewed as part of the incident investigation? <i>(Attach witness statements if applicable.)</i>	Yes <input type="checkbox"/>	Names of those interviewed	<input type="text"/>
	No <input type="checkbox"/>		<input type="text"/>

3. Description of events

Describe the sequence of events that lead to the incident	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Describe the sequence of events following the incident	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Describe the task being performed at the time of the incident	<input type="text"/>
<input type="text"/>	
<input type="text"/>	

4. Risk Rating of Incident

Using the Two Variable Risk Matrix at right:

- Rate the consequences (severity) of the incident
- Rate the likelihood of the incident occurring or re-occurring
- Circle the resultant risk rating on the Risk Matrix.

Likelihood Label	Consequences (Severity) Label				
	Negligible (I)	Significant(II)	Moderate(III)	Major (IV)	Catastrophe (V)
Almost Certain (A)	Medium	High	High	Very high	Very high
Likely (B)	Medium	Medium	High	High	Very high
Possible (C)	Low	Medium	High	High	High
Unlikely (D)	Low	Low	Medium	Medium	High
Rare (E)	Low	Low	Medium	Medium	High

For help, see: <http://safety.unimelb.edu.au/tools/incident/>

5.1. Identify the behavioural causes of the Incident

Did any of the following behaviours contribute to the cause of the incident? (Choose below)	
Performing task without authority <input type="checkbox"/>	Distracting, teasing or abusing a person <input type="checkbox"/>
Performing task at unsafe speed <input type="checkbox"/>	Using unsafe or tagged out equipment <input type="checkbox"/>
Performing task while affected by drugs/alcohol <input type="checkbox"/>	Using equipment in an unsafe manner <input type="checkbox"/>
Performing task with improper work technique <input type="checkbox"/>	Unsafe placement of equipment or objects <input type="checkbox"/>
Performing task without Personal Protective Equip <input type="checkbox"/>	Unsafe manual handling technique <input type="checkbox"/>
Performing task without correct Personal Protective Equip <input type="checkbox"/>	Unsafe position or posture <input type="checkbox"/>
Failure to warn of hazard <input type="checkbox"/>	Unsafe acts of others <input type="checkbox"/>
Failure to secure hazardous item <input type="checkbox"/>	Other (specify) <input type="text"/>
Making safety device inoperable <input type="checkbox"/>	Not applicable <input type="checkbox"/>

What are the management systems (procedural) deficiencies that led to the unsafe behaviours? (Choose below)	
Inadequate Standard Operating Procedures/policies <input type="checkbox"/>	Inadequate workplace inspection <input type="checkbox"/>
Inadequate supervision <input type="checkbox"/>	Inadequate equipment provided <input type="checkbox"/>
Inadequate hazard identification <input type="checkbox"/>	Inadequate design or construction of workplace <input type="checkbox"/>
Inadequate assessment of risk <input type="checkbox"/>	Inadequate task or process design <input type="checkbox"/>
Inadequate provision of Personal Protective Equip <input type="checkbox"/>	Unrealistic scheduling <input type="checkbox"/>
Inadequate operator training <input type="checkbox"/>	Other (specify) <input type="text"/>
Inadequate supervisor training <input type="checkbox"/>	Not applicable <input type="checkbox"/>

5.2. Identify the physical causes of the Incident

Did any of the following physical conditions contribute to the cause of the incident? (Choose below)	
Inadequate or absent guarding <input type="checkbox"/>	Inadequate fire or explosion risk control <input type="checkbox"/>
Poor workstation design or layout <input type="checkbox"/>	Inadequate noise control <input type="checkbox"/>
Poor condition of equipment or objects <input type="checkbox"/>	Inadequate ventilation <input type="checkbox"/>
Equipment or objects with unsafe design <input type="checkbox"/>	Inadequate temperature control <input type="checkbox"/>
Unsafe storage of equipment/objects (housekeeping) <input type="checkbox"/>	Inadequate fall protection <input type="checkbox"/>
Unsafe walking surfaces <input type="checkbox"/>	Inadequate signage or warning systems <input type="checkbox"/>
Unsafe lighting or glare <input type="checkbox"/>	Inadequately controlled use of chemicals/substances <input type="checkbox"/>
Unsafe clothing or shoes <input type="checkbox"/>	Other (specify) <input type="text"/>
Unsafe task or process <input type="checkbox"/>	Not applicable <input type="checkbox"/>

What are the management systems (procedural) deficiencies that led to the unsafe conditions? (Choose below)	
Inadequate Standard Operating Procedures/policies <input type="checkbox"/>	Inadequate workplace inspection <input type="checkbox"/>
Inadequate supervision <input type="checkbox"/>	Inadequate equipment provided <input type="checkbox"/>
Inadequate hazard identification <input type="checkbox"/>	Inadequate design or construction of workplace <input type="checkbox"/>
Inadequate assessment of risk <input type="checkbox"/>	Inadequate task or process design <input type="checkbox"/>
Inadequate provision of Personal Protective Equip <input type="checkbox"/>	Unrealistic scheduling <input type="checkbox"/>
Inadequate operator training <input type="checkbox"/>	Other (specify) <input type="text"/>
Inadequate supervisor training <input type="checkbox"/>	Not applicable <input type="checkbox"/>

6. Planned actions to prevent or reduce risk of re-occurrence

Planned actions to be taken to prevent or reduce risk of re-occurrence <i>Planned actions should address the identified causes of the incident.</i>	
¹ Elimination Control <input type="checkbox"/>	² Substitution Control <input type="checkbox"/>
³ Engineering Control <input type="checkbox"/>	⁴ Administrative Control <input type="checkbox"/>
⁵ Personal Protective Equipment <input type="checkbox"/>	
Detail the actions	
Date for completion <input type="text"/>	