



Kiwi Avoidance Training Events

Near Miss / Incident / Accident Report & Investigation Form

This form must be completed with corrective actions and signed off within 48 hours of any near miss, accident or incident occurring

1. Person(s) Involved:

Name: _____

Contact No: _____

Employee: Contractor: Other (Specify): _____

2. Details of near miss / incident / accident:

Location: _____

Date: _____ Time: _____ am / pm

3. Severity:

Fatal Serious Harm Minor Harm No Harm / Near Miss

4. Treatment:

Nil First Aid H&CC Doctor Hospital

What treatment was given? _____

By Whom _____

5. Description of what happened: _____

6. Describe the cause of the near miss / incident / accident: _____

Contributory Factors (refer to these when identifying the cause of the near miss / incident / accident)

Immediate Causes

-
- Defective tools or equipment
- Hazardous arrangements
- Unsafe conditions
- Unsafe design
- Housekeeping
- Environmental conditions

Substandard Acts

- Operating without authority
- Disabling safety devices
- Using unsafe equipment
- Non use of Personal Protective Equipment
- Incorrect use of PPE
- Unsafe positioning
- Distraction / fooling about

7. **Has a significant hazard been identified ?** Y / N

If yes, please investigate this hazard and update the Hazard Register

8. **Chance of the near miss, incident or accident recurring:**

One off Daily Weekly Monthly 6 Monthly

9. **Corrective Action:** (What will be done to *minimise the risk of this happening* again)

<u>Action</u>	<u>By Whom</u>	<u>Completed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person in control of the KAT site: Name: _____

Signed: _____ Position: _____

10. **Managing Director Comments:**

Signed: _____ Position: _____

Date: _____

11. **Near Miss / Incident / Accident recorded on Accident Register and all corrective actions completed:**

Signed: _____ Date: _____

Retain a copy on file