Incident investigation form

For the person who investigates an incident or near miss after it is reported. Record facts, and say which come from witnesses. Keep asking why until the answer is something that can be fixed. The aim is to stop it happening again, not to find someone to blame.

1. The incident

Date | Time | Site | Exact location

Incident report number or date | Date the investigation started

Type (tick all that apply)

☐ Injury ☐ Illness ☐ Near miss ☐ Property damage ☐ Security ☐ Spill or release ☐ Other:

Result

☐ No harm ☐ First aid ☐ Medical treatment ☐ Time off work ☐ Serious injury ☐ Property damage only

2. Investigation team

Name	Role or department	Part in the investigation

Worker representative or joint health and safety committee member took part

☐ Yes ☐ No ☐ Not available

3. What happened

Sequence of events Before, during and right after, in time order. Facts only; mark anything that is a witness account.

Action taken at the time First aid, area closed, equipment taken out of use, people told.

Evidence gathered

☐ Photos ☐ Video footage ☐ Witness statements ☐ Diagram or measurements ☐ Equipment or item kept

☐ Records (training, maintenance, schedules)

4. People involved

Name	Guest, staff, contractor or other	Injury or part in the event	Statement taken

5. Five whys

Problem One sentence: what went wrong, where and when.

Why 1. Why did it happen?

Why 2. Why was that?

Why 3. Why was that?

Why 4. Why was that?

Why 5. Why was that? Stop when the answer is something that can be changed.

Root cause or causes

6. Contributing factors

Tick all that played a part

☐ Task: procedure missing, unclear or not followed ☐ Material: equipment, tools or protective gear

☐ Environment: floor, lighting, weather, layout ☐ Personnel: training, fatigue, staffing

☐ Management: supervision, inspection, maintenance

Notes

7. Corrective actions

Action	Type (remove, replace, guard, procedure, gear)	Owner	Due date	Done (date)

8. Sign-off and follow-up

Investigated by (name, role)

Date completed

Reviewed by (manager)

Date reviewed

Shared with (committee, staff, insurer)

Reported to the regulator or board (if required)

Follow-up check Weeks later: are the actions in place, and are they working?

Checked by and date

Investigation closed (date)

Free incident investigation form from riskrsuite.com/resources/incident-investigation-form/. Copy and change it as needed.