# Incident Investigation Form

**This form is be:**

* Completed when an incident is considered more serious and needs further in-depth investigation and to determine any steps required to prevent it occurring again. This may include, but is not limited to, any incident that is 'Notifiable' or could lead to litigation (refer to Incident Management Policy)
* To assist with unbiased investigation people outside your organisation (eg a colleague or other professional) are generally used in conducting the investigation
* If it is a client / participant incident this form should also be added to the client file
* **If the police are involved DO NOT start your own investigation until that is complete**

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| **Incident details** | | | | | |
| Name of person/s involved in the incident: | | Date of incident: | | | |
| Location of incident: | | | | | |
| Witnesses (name and contact details) | | | | | |
| Other people interviewed in relation to the incident (name and contact details) | | | | | |
| **Incident investigation team** | | | | | |
|  | |  | | | |
| **What task was being performed at the time of the incident? (e.g “mobility training”, “non- therapy snack preparation”** | | | | | |
|  | | | | | |
| **What happened? (e.g. ‘client fell whilst walking’ or ‘client burnt hand when making cup of tea’)** | | | | | |
|  | | | | | |
| **What factors contributed to the incident?** | | | | | |
| **Environment:** | | **Equipment/materials:** | | | |
| * Trip hazards in environment (& / or too crowded) | * Inadequate lighting | * Required equipment not available | | | * Equipment failure / Inadequate maintenance |
|  |  | * Inadequate training provided | | |  |
| **Work systems:** | | **People:** | | | |
| * Risk not identified | * No / inadequate risk assessment conducted (eg on client) | * Lack of communication | | | * Procedure not followed |
| * Inadequate training / understanding of the risk | * No / inadequate controls implemented eg work procedures | * Fatigue | | | * Distraction / personal issues / stress |
| * No / inadequate work procedure | * Other | * Change of routine | | | * Other |
| **Corrective** **actions:** | | | | | |
| **Contributing factor**  **(from above list)** | **What are we going to do to fix the problem?** | **Who** | **When** | **Completion date** | | |
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| **Issue fixed?** | | |
| **Name** | **Signature** | **Date** |
| Person/s involved in incident |  |  |
| Principle |  |  |