

This form is to be completed for all safety incidents.

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| **INCIDENT REPORT DETAILS** |
| Date of the Incident: |  | Time of Incident: |  |
| Incident Reported By: | Name: | ☐ Employee ☐ Contractor ☐ Civilian ☐ Sub-contractor |
| Project Relation: | ☐ Construction project☐ Maintenance work☐ Other/ None | Project Name: | Contract No: | Incident Report No: |
| Project Manager: | Name: | PM Email: |
| Location of the Incident: | Directorate: | Region: | Branch: |
|  | Road Name: | Road Number: | SLK: | GPS Location: |
|  | ☐ DAC☐ HVS☐ MEB☐ TOC | ☐ Regional Office:☐ Laboratory: | ☐ Depot: ☐ Road Staff☐ Other: ☐ Floor: |
| Outcome of the Incident: | ☐ Lost Time Injury☐ Medically Treated Injury☐ First Aid Injury☐ Near Miss☐ Damage | Incident Notification:For Serious Incidents:Date Notified:  |
| **DESCRIPTION OF THE INCIDENT** |
| Type of incident:(Check the appropriate boxes, can be multiple selections)Please clarify, if needed:Does this incident involve a member of the public? | ☐ Safety  | ☐ Health  |
| ☐ Slips/Trips/Falls☐ Plant and Equipment☐ Cranes and Lifting☐ Working at Height☐ Confined Space☐ Vehicles and Driving☐ Traffic Management☐ Hand Held Tools☐ Electrical☐ Excavation/Trenching☐ Hazardous Substances☐ Hot Work☐ Foreign Objects☐ Injections☐ Ergonomics☐ Other (Specify): ☐ Yes ☐ No | ☐ Ergonomics☐ Asbestos☐ Dust☐ Bites/Stings☐ Chemical Exposure☐ Noise Exposure☐ Alcohol and Drugs☐ Fatigue☐ Needle Stick☐ Vibration☐ Viral/Bacterial☐ Mental Health☐ Health☐ Other (specify):Other:☐ Process Loss☐ Production Loss☐ Damage Reputation☐ Disruption to a Community☐ Exposure to Legal Liability☐ Security Threat |
| Incident Description:(Step by step account of the incident) |  |
| What are the existing controls in place? |  |
| **Corrective Actions** | **Action Description** | **Responsible Person and Role** | **Due Date** | **Completion Date** |
| Controls are put in place before and after the incident to rectify, contain, or remedy the situation |  |  |  |  |
| Persons Involved | Name: | Job Title: | Employee Type: |
| (1)(2)(3)(4)(5) | (1)(2)(3)(4)(5) | (1)(2)(3)(4)(5) |
| What was the actual consequence? | ☐ Insignificant | ☐ Minor | ☐ Moderate | ☐ Catastrophic |
| What was the potential outcome? | ☐ LowComplete Incident report | ☐ Medium5 Why’s or equivalent investigation | ☐ HighICAM or equivalent investigation | ☐ Very highICAM or equivalent investigation |
| What is the risk rating after the controls are put in place? | ☐ Low | ☐ Medium | ☐ High | ☐ Very high |
| Is this incident required to be reported? | ☐ Yes ☐ No | Report Made By: |
| Reference No: | Report Date:  |
| INJURY DETAILS (only if applicable, if the incident resulted in a personal injury): |
| How was the injury sustained? | ☐ Fall from a height☐ Slips and trips☐ Vehicle incident☐ Musculoskeletal☐ Repetitive movement with low muscle loading☐ Exposure to mental health factors☐ Exposure to vibration | ☐ Exposure to noise☐ Contact with a chemical ☐ Cuts, abrasions, and lacerations☐ Contact to heat and cold☐ Contact with electricity☐ Insect bites and stings☐ Unspecified mechanisms of injury or other |
| Treatment given and assessed by: | Name: | Job title: |
| Type of treatment given: | ☐ None ☐ First Aid ☐ Medical ☐ Emergency Department |
| Work-related injury | ☐ Yes ☐ No |
| Bodily location of the injury:(Please select all that apply) | ☐ Eye☐ Face☐ Ear☐ Neck☐ Head | ☐ Shoulders and arms☐ Hands and fingers☐ Back☐ Hips and legs☐ Feet | ☐ Internal organs☐ Trunk☐ General and unspecified locations |
| Comments: |  |