**Appendix 3**

**Office of Health, Safety and Emergency - Investigation Report**

IIRF No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Investigation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **Investigation Team** |
| Team Leader |  |
| Team Members |  |

|  |  |
| --- | --- |
| Description of Accident/Incident |  |
| Name of Injured |  | Contact No. of Injured |  |
| Body Parts Injured |  | School/Dept |  |
| Date & Time of Accident/ Incident |  | Location where Accident/ Incident/ happened |  |
| Witness Details (If any) |
| Name of Witness |  | School/Dept |  |
| Witness Contact No. |  |  |  |

[ ]  Injury / Illness

1. Happened in the workplace? (Yes/No) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Injury/illness is work-related? (Yes/No) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Property Damage (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Others (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| 1) Chronology of events: |

Investigation Findings:

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| --- |
| 2) Direct Cause of the Accident/Incident |

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| --- |
| 3) Indirect Cause of Accident/Incident |

4) Systemic lapse(s) (tick where applicable, may have more than 1 systemic lapse)

**[ ]** Lack of management or implementation of SOPs [ ]  Lack of procedures or provisions

 [ ]  Lack of training [ ]  Lack of communication

 [ ]  Lack of supervision and control [ ]  Lack of knowledge

 [ ]  Lack of PPE [ ]  Lack of maintenance

 [ ]  Substandard conditions (e.g. wear & tear..etc.) [ ]  Substandard actions (e.g. carelessness..etc.)

 [ ]  Environmental issues (e.g. dim, noisy & etc.) [ ]  Others (please specify)

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**Corrective Action Review:**

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| --- | --- | --- |
| **S/No.** | **Actions** | **Date & Person Responsible** |
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**Preventive Action Review:**

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| --- | --- | --- |
| **S/No.** | **Actions** | **Date & Person Responsible** |
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**Prepared by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Designation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_