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