



# INVESTIGATION REPORT AND ACTION PLAN

The level and complexity and of investigations is relative to the seriousness of the incident.

This form has to be completed in the case of any incident that had the potential to cause a Serious Harm Injury.

Attach any documents, measurements, sketches etc. to this report.

**Why did it happen?**(list the key factors and hazards that contributed to incident e.g. Location, machinery, procedures, people)

1.

2.

3.

4.

5.

**What controls were in place for the hazards listed above?**(e.g. training, hazard ID, supervision, observation etc.)

1.

2.

3.

4.

5.

**How effective were health and safety procedures?**

1. Were written procedures being followed?

2. Was training adequate ?

3. Was the adequate supervision?

4. was there effective communication?

5. Were the equipment/machinery problems?

6. Other?

**What new controls will be put in place so it doesn't happen again?**

**Action Plan** (outline your plan of action for the implementation of these new controls in order of importance)

NO.	ACTION	BY WHO	BY WHEN	COMPLETED Y/N
1				
2				
3				
4				
5				

**ADDITIONAL COMMENTS** (Add additional information not covered above)

Does this hazard need to be added to the hazard ID?

Has this incident been investigated? Yes / No

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## INCIDENT REPORT PLAN

Use this form for Lost Time Injuries (LTI), Medical Treatment Injuries (MTI), Minor Injuries, Property Damage, Near Hit Events.

Incident Type: (circle)	Lost Time Injury	Medical Treatment Injury	Minor Injury	Property Damage (no injury)	Near Hit (no injury)
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Company Name: <b>DCN DRILLING LTD</b>	Principal Contractor	Name of person involved (unnecessary for near hit)
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Date of incident	Time of incident	Location of incident	Competent for task complete?
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Age of person involved	Experience in industry	Experience in task where incident occurred	Weather (circle) Rain Dry Frost Calm Windy	Gradient (circle) Flat Rolling Steep (30° or more)
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**Describe what happened. Include details of events, equipment or machines, personal protective equipment used**  
(continue on separate page if necessary)

Drawing (if required)

Include notes on objects/agents involved with the injury (eg machine, fencing, wire, chemical, vehicle) and mechanism of injury (eg slip, struck by)