

## Incident investigation checklist.

<b>Company:</b>	<b>Completed by:</b>		
<b>Brief Incident Details:</b>	<b>Location of incident (including postcode):</b>		
<b>Date / Time:</b>			
<b>Task being undertaken:</b>			
<b>Incident:</b>	<b>Is the incident reportable under RIDDOR</b>		
<b>Injury / Outcome:</b>	<b>Yes / No</b>		
<b>Confirmation of availability of H&amp;S documentation and relevant information.</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Current H&S Policy available (dated within last twelve months)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the policy address matters relating to the incident?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Risk Assessment for task being undertaken available? If yes;	<input type="checkbox"/>	<input type="checkbox"/>	
• Had those involved been briefed on content?	<input type="checkbox"/>	<input type="checkbox"/>	
• Do they identify hazard /suitable control?	<input type="checkbox"/>	<input type="checkbox"/>	
• Were controls being followed?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are there records of employee briefings of RA?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Method Statement / Permit to Work for task.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Was M/S, Permit to Work being followed?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Training records of injured party.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Training records of other parties.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is training relevant and up to date?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Contact details for all persons involved.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Maintenance records of Plant / Equipment in use.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Inspection records of Plant / Equipment in use.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Operational Manual / Instruction of equipment in use.	<input type="checkbox"/>	<input type="checkbox"/>	
14. Was Plant / equipment configured as per manufacturers, instructions?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Were guards correctly fitted, and appropriate safety devices in use?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Was site left undisturbed after incident?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Did incident scene appear clean and free from obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Was work area suitably lit?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Were floors/ platforms in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Where they any safety / instructional signage on display in the immediate area?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has any similar incident happened on site / in the Company before?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Use this section (or overleaf) to record any additional details or sketch drawings.</b>			

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Pivotal