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# INCIDENT INVESTIGATION FORM (INJURY)

FOR YOUR CRICKET CLUB

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August 2016

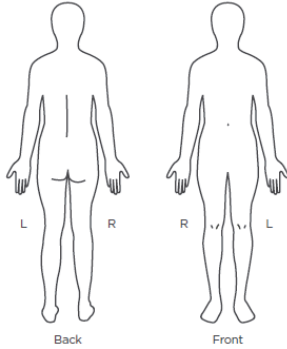


Reported by:

Date:

Time:

### Injuries / illnesses



- Fracture
- Dislocation
- Burns
- Hernia
- Other diseases of skin
- Mental disorders
- Sprains and strains of joints and muscles
- Multiple injury (where no principal injury can be identified)
- Other and unspecified injuries (provide details)
- Concussion
- Internal injury
- Open wound
- Crushing injury (skin intact), excluding fracture
- Disorder of muscle, tendons and other soft tissue
- Poisoning and toxic effects of substances
- Foreign body in eye, ear, nose or in respiratory / digestive system (including choking)

### Mechanism of injury / event

- Falls from height
- Falls on the same level (trips and slips)
- Hitting objects with a part of the body
- Exposure to mental stress factors
- Being hit by moving objects
- Exposure to sharp, sudden sound
- Other contact with chemical or substance (includes insect or spider bites and stings)
- Single contact with chemical or substance
- Repetitive movement
- Other muscular stress
- Contact with electricity
- Contact or exposure to heat or cold
- Vehicle accident
- Multiple or unspecified mechanisms of injury:

### Treatment outcome

- Referred to doctor
- Return to pre-injury duties
- Permanent restricted duties / hours
- Temporary restricted duties / hours
- Accident claim
- Other (specify):

### Treatment provider

Name:

### Incident impact and risk rating

Impact	<input type="radio"/> Health	<input type="radio"/> Safety	<input type="radio"/> Environment		
Consequence	<input type="radio"/> Routine	<input type="radio"/> Minor	<input type="radio"/> Moderate	<input type="radio"/> Major	<input type="radio"/> Severe
Likelihood	<input type="radio"/> Rare	<input type="radio"/> Unlikely	<input type="radio"/> Possible	<input type="radio"/> Likely	<input type="radio"/> Almost certain
Risk rating	<input type="radio"/> Very low	<input type="radio"/> Low	<input type="radio"/> Medium	<input type="radio"/> High	<input type="radio"/> Very high

### Investigation – contributing factors

#	Equipment / materials	Y	N	N/A
1	Was the correct equipment used for the task?			
2	Did any fault or failure in equipment contribute to the incident?			
3	Did the location, position or access to the equipment contribute to the incident?			
4	Are there inspection systems in place to detect risks or faults (e.g. pre-start checks or maintenance inspections)?			
5	Did any hazardous substances or materials contribute to the incident?			
6	Were all the controls in place for the task (e.g. guards, barricades, permits, or signs)?			
#	Work environment	Y	N	N/A
12	Was there an acceptable standard of housekeeping in the area?			
13	Were there any surface conditions that may have contributed to the incident (e.g. slippery, rough, uneven, or dusty)?			
14	Were there any weather conditions that may have contributed to the incident (e.g. hot, cold, humid, or windy)?			
15	Was visibility adequate for the task (e.g. lighting, sun strike)?			
16	Could any other risks have contributed to the incident?			

#	Systems / procedures	Y	N	N/A
7	Were there written procedures for this task?			
8	Were the written procedures communicated and complied with to perform the task?			
9	Were all the risks identified and included in the written procedure?			
10	Was a workplace inspection carried out before starting the task?			
11	Did any communication issues contribute to the incident?			
#	People	Y	N	N/A
17	Did someone authorise the task to be performed?			
18	Was supervision provided at the work site (e.g. visits, inspections, or support)?			
19	Did the person/s have the necessary competence to perform the task?			
20	Did the actions of any other person/s contribute to the incident?			
21	Were there any fitness for work issues apparent?			
22	Was appropriate PPE supplied and used to perform the task?			

### Investigation summary

# Explanation of contributing factors (from section above)

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### Corrective Actions

#	What corrective actions have or will be taken to prevent the incident happening again?	Responsible Person	Date
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### Name of people involved in the investigation and corrective actions

Name:

Name:

Name:

Have corrective actions been completed?  Yes  No

Is there a process to review the corrective actions?  Yes  No

Have controls been communicated to workers?  Yes  No

Has an investigation review been completed?  Yes  No By:

Have any new risks been added to the risk register?  Yes  No

### Sign Off

Name:

Signature:

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