**Incident Investigation Report**

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| **Operating Business:** |  | **Name of GHS&EA** |  |
| **Site Address:** |  | **Date of Incident:** |  |
| **COINS Site Number:** |  | **Time of Incident:** |  |
| **Exact location (plot number)** |  | **Name of Injured Person**  |  |

**Initial Details**

This form is to be completed when instructed to do so by HS&E Dept. management. Contents of this report should be read in conjunction with the initial notification received from site.

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| **Information relevant to the incident** |
| **Relevant training documentation, site induction, site sign in and RAMS:** |  |
| **The weather conditions at the time of the incident:** |  |
| **Plant equipment details (Including service/ maintenance records, statutory certificates and site registers):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Photographs taken of the incident/scene:** | Yes/No (delete as necessary) | **Other investigations carried out, by:** |  |
| **Is the incident/accident reportable under RIDDOR** | Yes/No | **If yes reported by whom and when:** |  |

**GHS&EA to provide a factual report of the incident:**

(If relevant include photographs of the scene, site plan and enclose a copy of the key witness statements)