**Incident Investigation Form**

**For use by WHS Site Officers**

This form is to be used to investigate WHS incidents and is to be completed by the WHS Site Officer following notification of an incident to the Parliamentary Workplace Support Service (PWSS) WHS Team either via email to [whs@pwss.gov.au](mailto:whs@pwss.gov.au) or by phone to 1800 747 977 (Option 3).

Once completed, please email the form to the [WHS Team](mailto:whs@pwss.gov.au) within 24 hours, with a copy kept on site.

For assistance in completing this form, please contact the [WHS Team](mailto:whs@pwss.gov.au).

| **Personal Details** | |
| --- | --- |
| **Name and contact details of person(s) involved** | **Injured or witness** |
| **Name:** Click or tap here to enter text.  **Contact Details:** Click or tap here to enter text. | Injured  Witness |
| **Name:** Click or tap here to enter text.  **Contact Details:** Click or tap here to enter text. | Injured  Witness |
| **Name:** Click or tap here to enter text.  **Contact Details:** Click or tap here to enter text. | Injured  Witness |

Add extra rows if needed.

|  |  |  |
| --- | --- | --- |
| **Task** | |  |
| **Date:** Click or tap here to enter text. | | **Time:** Click or tap here to enter text. |
| **Location:** Click or tap here to enter text. | | |
| **What task was being performed when the incident occurred?** Click or tap here to enter text. | | |
| **Who is the employing Senator/Member of the person(s) involved?** Click or tap here to enter text. | | |
| **What supervision and training was provided to affected person(s) in the area where the incident occurred?** Click or tap here to enter text. | | |
| **What supervision and training was provided to affected person(s) regarding the task where the incident occurred?** Click or tap here to enter text. | | |
| **What additional training should the person(s) receive?** Click or tap here to enter text. | | |
| **WHS Site officer recommendations:** Click or tap here to enter text. | | |
| **Referred to for action**: Click or tap here to enter text. | **Date:** Click or tap here to enter text. | |
| **Risk management** | | |
| **Was a risk assessment undertaken before commencing this task?**  Click or tap here to enter text.  **If not, explain why not:** Click or tap here to enter text. | | |
| **What hazards were identified for this task?** Click or tap here to enter text. | | |
| **What risk controls were recommended in the risk assessment?** Click or tap here to enter text. | | |
| **Were the risk controls applied?** Click or tap here to enter text. | | |
| **If not, explain why not:** Click or tap here to enter text. | | |
| **WHS Site Officer recommendations:** Click or tap here to enter text. | | |
| **Referred to for action:** Click or tap here to enter text. | **Date:** Click or tap here to enter text. | |
| **Equipment** | | |
| **What equipment was being used?** Click or tap here to enter text. | | |
| **Was the equipment suitable for the task?** Click or tap here to enter text. | | |
| **Was the equipment in good working order?** Click or tap here to enter text. | | |
| **WHS Site Officer recommendations:** Click or tap here to enter text. | | |
| **Referred to for action:** Click or tap here to enter text. | **Date:** Click or tap here to enter text. | |
| **Contributing factors** | | |
| **List the factors that may have contributed to the incident.** | | |
| Click or tap here to enter text. | | |
| Click or tap here to enter text. | | |
| Click or tap here to enter text. | | |
| **WHS Site Officer recommendations**: Click or tap here to enter text. | | |
| **Referred to for action:** Click or tap here to enter text. | **Date:** Click or tap here to enter text. | |

**WHS Site Officer:**

|  |  |
| --- | --- |
| **Printed Name:** | Click or tap here to enter text. |
| **Signature:** |  |
| **Date:** | Click or tap here to enter text. |