



**Guideline**

This Investigation Report Form is to be used for investigating safety related incidents in the following circumstances:

- a) A serious incident has been reported, which may need to be reported to the State Regulator (eg.in NSW - SafeWork NSW, in Canberra - WorkSafe ACT).
- b) An incident/issue has been accepted as a Workers Compensation claim.
- c) An issue that has been previously raised with the worker’s supervisor or their work group’s Safety representative (HSR), or the Safety Committee (L3) which has not been able to be resolved.
- d) As requested by the Senior Manager, Safety and Injury Management.

Refer to [HS307 Hazard & Incident Reporting Procedure](#) and [HS337 Health and Safety Consultation and Issue Resolution Procedure](#) before completing this form.

A copy of this report should be emailed to the Senior Manager, Safety and Injury Management at [safety@unsw.edu.au](mailto:safety@unsw.edu.au).

If the matter is **confidential**, the report can be submitted directly to the Senior Manager, Safety and Injury Management by emailing the report to [safety@unsw.edu.au](mailto:safety@unsw.edu.au). Indicate **Confidential** in the email header.

Local copies should only be retained in RAMS.

Death, serious illness or injury and dangerous incidents must be reported immediately to the Senior Manager, Safety and Injury Management, or the local Safety Contact located here - <https://safety.unsw.edu.au/contacts>.

If you wish to provide feedback on this form, please email [safety@unsw.edu.au](mailto:safety@unsw.edu.au).

Title		To be determined by the Safety Team		
Date of Investigation Report				
Investigation report prepared by				
Investigation team (add extra lines if more names are part of the investigation team)				
Name		Job Title		
Preferred Name		<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other	ZiD	
Name		Job Title		
Preferred Name		<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other	ZiD	
Name		Job Title		
Preferred Name		<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other	ZiD	
Name		Job Title		
Preferred Name		<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other	ZiD	

<b>Details of the incident/issue</b>	
MyUNSW (WHS Monitor) issue #	
MyUNSW (WHS Monitor) description	Direct from incident report, not amended
Area where incident/issue occurred	
Date of incident/issue	
Time of incident/issue	



<b>Immediate cause(s) of the incident/issue</b> (add additional lines as required) e.g., the environmental conditions at the time; action taken by the person/others; equipment failure
1.
2.

<b>Corrective actions implemented and/or to be considered / possible measures to resolve issue</b> (add additional lines as required)			
Corrective action (s) /Measures	By who?	Date due	Date completed
1.			
2.			
3.			
4.			
5.			

<b>Discussions conducted</b> (add additional lines as required)	Date

<b>Checklist</b>	(Y/N)
Witness statement included	
Induction records included	
Risk Management Forms included	
Safe Work Procedures included	
Records of testing	
Photos included	
Training records included	
Other	

**Add any associated Attachments below**

<b>Attachment A – XXX</b>
<b>Attachment B – XXX</b>
<b>Attachment C – XXX</b>
<b>Attachment D – XXX</b>

Additional Template options

<b>Attachment X – XX</b>	<b>Attachment X - XX</b>
<b>Attachment X – XXX</b>	
<b>Attachment X – XXX</b>	

<b>Copy provided to</b> (insert details of who was notified)		
Tick		Details of how they were Notified e.g., Email/Copy provide details
<input type="checkbox"/>	Person Involved	
<input type="checkbox"/>	Supervisor/Manager	

<input type="checkbox"/>	Safety (central)	
<input type="checkbox"/>	Safety (local):	
<input type="checkbox"/>	Workers Compensation	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Internal Investigation ONLY – Do Not Distribute	

End of Report