**Accident/incident investigation report summary**

This accident/incident report summary is compiled from witness statements and investigators comment, following a full internal investigation.

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| --- | --- |
| Incident/accident date: **Ref no:** | Location: |
| Description of accident/incident | |
| (Describe what happened including what the injured person(s) was doing at the time. Ensure factual, do not include opinion): | |
| **Comment by Investigator on immediate cause of accident/incident** | |
| Immediate cause of accident/incident: (*What is relevant, including opinion, as to the immediate cause of the accident/incident. Immediate causes include the job being done, the people involved at the time and those failures which directly lead to injury, ill-health or loss. e.g. loose flooring, overstretched ladder, etc.)* | |
| Underlying and root cause of accident/incident | |
| Underlying and root cause of accident/incident: (*What is relevant, including opinion, as to the underlying cause of the accident/incident. Underlying causes include organisational or management factors surrounding the event. These may help to explain why the event occurred. e.g. lack of training, poor risk assessment, etc.. In addition the root cause of the incident should also be identified, which is usually related to management or organisation issues)* | |
| **Recommendations** | |
| *Enter here any actions that are required to ensure that there is not a recurrence of the accident/incident and/or to render the workplace or work activity safe. Include time scales where relevant e.g. immediate, mid-term, long-term. Recommendations must be shared with those responsible for implementing them in a suitable forum with agreed timeframe for implementation and update.* | |
| **Overview identifying causes** | |
| |  |  |  | | --- | --- | --- | | **Immediate** | **Underlying** | **Root** | |  |  |  | | |
| **Signature** | |
| Signature of investigator completing this report and date completed: | |