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| **Manager's Investigation Report Template and Quick Card** | | | | |
| **Incident number:** |  | |
| **FNOL(PO3) Accident/Incident Manager Investigation Report** | | | | |
| **Interview with the Individual Concerned - Please attach separate sheet if necessary:** | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Please provide evidence to assist with any further investigation** | | | | | |  | Yes | | No | NA | | **Risk Assessments** |  | |  |  | |  | | | | | | **Witness Statements** | |  |  |  | |  | | | | | | **Training** | |  |  |  | |  | | | | | | **Photograph** | |  |  |  | |  | | | | | | **Sketch attached** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | | **Other info** |  |  |  | | | **Findings of investigation: Please attach separate sheet if necessary** | | |
| **Conclusion(s): Please attach separate sheet if necessary** | | |
| **Time lost due to incident:**  **\_\_\_\_\_\_\_\_\_\_\_HRS or \_\_\_\_\_\_\_\_\_\_\_DAYS** | | |
| **A Copy was sent to the Corporate Health & Safety Team on:**  **-----------/--------------------/-----------** | | |
| **Actions taken to prevent re occurrence** **- Please attach separate sheet if necessary:** | | | | |
| **I declare the particulars are true in all respects to the best of my knowledge.** | | | | |
| **Manager/Supervisor …………………………………….** | **Sign ……………………………………….** | | | **Date ………………** |
| **Injured Person …………………………………………….** | **Sign ……………………………………….** | | | **Date ………………** |

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| Quick Card Guide  **Health & Safety**  C:\Users\fraser.shooter\AppData\Local\Microsoft\Windows\INetCache\IE\VFM9H49O\instruction-manual[1].jpg | |
|  | **Incident Number**  Every accident/incident recorded on the on-line FNOL (PO3) system will be given a unique Incident number, please enter it here. |
| **Interview with the person concerned**  Please fill in as much information as you can with regards to the incident. This will be part of the defence should a civil claim arise.  Use a separate sheet if necessary. |
| **Please provide evidence to assist with the investigation**  Additional information will help to determine causes. Please supply separate witness statements on a separate sheet. |
| **Findings & Conclusions**  What are the facts regarding the incident, i.e. damaged equipment, the failure of a system or process, etc. |
| **Time Loss**  Please record the amount of time the injured employee was unable to continue working/performing their normal duties i.e. days off sick or on light duties. |
| **Action taken to prevent/reduce re-occurrence**  Record any actions taken:   1. As a reactive measure due to the incident; 2. As a pro-active measure to prevent/reduce the risk of a similar incident re-occurrence in the future. |
| **Declaration of Particulars**  The Manager/Supervisor/Team Leader completing the investigation report and the injured employee must sign the form to show acceptance of the report findings. |