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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:** |
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| **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.
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| **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.  |