

# ACCIDENT & NEAR-MISS INVESTIGATION REPORT



Workplace/Activity site _____ Ref. Number _____		<b>Accident Classification</b>  <input type="checkbox"/> Moderate  <input type="checkbox"/> Major  <input type="checkbox"/> Catastrophic	
Activity sponsor _____ Leader/s _____ Date _____			
<b>Name of Investigators</b>  1 _____ Position _____ 2 _____ Position _____ 3 _____ Position _____			
Name of Injured (Attach details if more than one) _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Relationship to Sponsor (e.g. employee, volunteer leader, student, club member, contractor etc) _____		Normal Leadership Role (If volunteer, indicate area of service) _____	
<b>Role at Time of Accident/Near-Miss</b>	<b>Specific Activity at Time of Accident/Near Miss</b>	<b>Date and Time of Injury</b>	
<b>Supervision at the Time of Accident/Near Miss</b>  <input type="checkbox"/> Directly Supervised <input type="checkbox"/> Indirectly Supervised <input type="checkbox"/> Not Supervised <input type="checkbox"/> Supervision Not Possible			
<b>Describe How the Accident/Near-Miss Occurred</b> (attach further details if insufficient room)			
<b>Accident/Near-Miss Sequence – Describe in Reverse Order</b> (attach further details if insufficient room)			
<b>A. Near-Miss Event</b> (Describe how near-miss happened)			
<b>B. Injury Event</b> (Describe how injury happened eg. struck by falling rock)			
<b>C. Accident Event</b> (Describe event causing injury eg. rock fall )			
<b>D. Preceding Event</b> (Describe event immediately prior to accident eg. bottom belay for abseil)			
<b>E. Following Event</b> (Describe following event eg. abseiler calls for assistance)			
<b>Length of Time Involved in Activity</b> (employees, volunteers, contractors, students)		<b>Length of Time in the Task or Activity Being Undertaken at the Time of Accident/Near-Miss</b>	
<input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1 – 2 months		<input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1 – 2 months	
<input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 year or more		<input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 year or more	

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**In Your Opinion, What Act, Condition or Combination of Both Caused this Accident/Near-Miss?**

(any witness statement should be taken as a separate signed sheet and attached to this report)

**What Corrective Action Should be Taken to Prevent Re-occurrence and by Whom**

**Leader/Facilitator Action to Ensure Corrective Action Taken**

**Corrective Action Completed**

Leader/Facilitator \_\_\_\_\_ Date \_\_\_\_\_

**NOTE**

**DO NOT ADMIT LIABILITY! To do so may prejudice your liability protection.**

- ◆ Mail this Report promptly to: Pr Jeff Parker  
Secretary  
AO North NSW Conference Board  
PO Box 7  
WALLSEND NSW 2287
- ◆ If the incident is serious, immediately phone your Adventist Outdoors Secretary
- ◆ Supply the original copy of this report
- ◆ Keep copies for your own records
- ◆ Please keep the Adventist Outdoor Secretary in your Conference promptly advised of any further developments