

# LONDON BOROUGH OF SOUTHWARK

## ACCIDENT /INCIDENT REPORT

### PART 2 - INVESTIGATION SECTION

The Line Manager/Supervisor/Key Manager is responsible for ensuring that an investigation is carried out and that this report is completed and forwarded to the Departmental Safety Adviser/ Nominated person **within 48 hours** of the incident.

1) Are you satisfied the details on the accident form are correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2) What do you believe caused the incident?	
3) If relevant please describe weather conditions:	
4) Please state any defects in premises/plant/equipment	
5) Date of last maintenance inspection of any equipment involved:	
6) Had a risk assessment been completed for this activity? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7) What control measures are/were in place?	
8) Was a safe system of work being implemented? Yes <input type="checkbox"/> No <input type="checkbox"/>	
9) If required, what personal protective equipment being worn/used?	
10) Was the level of supervision adequate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
11) Had the person(s) involved received adequate training/instruction? Yes <input type="checkbox"/> No <input type="checkbox"/>	
12) Was the person acting in the course of their employment, or in the case of third parties were they authorised to be on the premises? Yes <input type="checkbox"/> No <input type="checkbox"/>	
13) Were adequate first-aid arrangements available? Yes <input type="checkbox"/> No <input type="checkbox"/>	
14) If the answer to 8-13) above is NO, please give full explanation	
How many people were or could have been affected by this incident?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 10+ <input type="checkbox"/>
What is the likelihood of the incident reoccurring?	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Very Unlikely <input type="checkbox"/>
Action taken/being taken to prevent reoccurrence	
Date for remedial action to be completed	
Name	Signature
Job Title	Tel: _____ Date: _____

