

GA20 Accident/incident investigation report (Part 1)

Company name		Project title	
Location		Contract no.	
Date		Reference no.	
General location of accident/incident (tick)			
Access route		At task location whilst undertaking activity	
Car park		Delivery/storage area	
Loading/unloading area		Office/site offices	
Public highway		Residential dwelling	
Site perimeter/off site		Vehicle	
Welfare site		Other	
Date of accident		Time	
Injured person's name		Occupation	
Address			
Employer		Supervisor	
Site manager		First aider	
Injury		Treatment administered (on or off site)	
1. Witness		Employer	
2. Witness		Employer	
3. Witness		Employer	
Incident classification (indicate appropriate category)			
RIDDOR – Fatal		RIDDOR – Disease	
RIDDOR – Specified injury		Lost time 1-7 days	
RIDDOR – Over seven-day injury		Minor	
RIDDOR – Dangerous occurrence		Member of public injury	
RIDDOR – Injury to member of public		Service strike	
		Process interruption	
		Environmental incident	
		Environmental near miss	
		Significant learning event	
		Reportable ill health	
Previous experience/training of injured person			
Relevant training details			
Other (specify)			
Date of induction		Date of last relevant awareness talk(s)	

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Supporting information available Digital photographs must have the correct level of validation (<i>date, independent witness, etc.</i>)			
Risk assessment		Witness statement	Other (<i>state below</i>)
Method statement		Site sketch	
Competency checks/card		Photographs	
Induction log		Construction drawings	
Toolbox talk attendance		Maintenance checks (PPM)	
Injured person's statement		F2508/A	
Date	Time	Background information (<i>in date/time order, to include – start dates, previous works, contract progress, work group personnel, adjacent trades, nature of work being undertaken, etc.</i>)	
Date	Time	Summary of accident (<i>in date/time order, a concise description of the incident including location, personnel involved, activity being carried out, tools/equipment/substances involved, permits to work, site drawings and working conditions. Record timeline of events</i>)	
Immediate action taken (<i>emergency plan, first aid, site secured, hospital, contacts made, prevention of further loss</i>)			

GA20 Accident/incident investigation report (Part 1) *continued*

Investigation team				
Name	Position	Signature	Date	
Investigation approval				
Name	Position	Signature	Date	
Distribution				
Name	Position	Telephone	Email	Dist. (✓)