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**Detailed Injury / Incident Investigation**

DETAILS OF AFFECTED / INJURED PERSON:

Name:	
Job Title:	
Shift or department:	

ACCIDENT / INCIDENT SITE DETAILS:

Date and time of accident / incident:	
Site address,:	
Site contact and Tel no:	
Location of accident / Incident:	
Brief description of accident / incident:	

ACCIDENT INVESTIGATION INFORMATION:

Investigation by:	
Position:	
Company :	
Date :	



ACCIDENT SUMMARY:

Not applicable	
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Injury sustained:	
Activities at time of injury:	
Who was supervising the work:	
Where were they working:	
Who was with them/witnesses:	
Witness statements taken yes / no ?:	

Environmental conditions:	
Any other objects involved:	
Any physical limitations preventing normal works:	
Any behavioural contributory factors:	
Photographs taken:	

BACKGROUND TO EVENTS

Activities prior to event:	
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IMMEDIATE ACTIONS TAKEN

Medical precautions / actions:	
Immediate notifications / communications:	

PRECAUTIONS AN THEIR ADEQUACY

Plant and equipment involved	
PPE involved in relevant operation:	
Management and Supervision levels :	
Operatives Competence and Training:	
Supervisor competence and training:	
Method statement reference:	
Risk assessments:	
Permits to work required:	
Signage and barriers:	

OTHER INFORMATION

Other Injured / affected Parties:	
Injuries:	



CONCLUSION

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RECOMMENDATIONS: ( 1-3 standard )

no	Action	who	when	complete y/n
1	Injured / affected persons audit date:			
2	Injured / affected persons Tool Box Talk date:			
3	Actions review date:			

SIGNATURES

Print Name

Signature

Date