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|  | | Document name  **Investigation into work-related**  **injury or serious incident**  (company’s internal investigat ion) | |
| This investigation re fers to:  Accident  Occupational disease  Communicable disease  Commuting accident  Serious incident | | | |
| Company: | Date and time of event: | | Site of event: |
| Scope of event. In the event of occupational/com municable disease – what were the symptoms? Did the event lead to sickness absence? | | | |
| Injured persons: | | | |
| Responsible for investigation: | | | |
| Others contributing to the investigation: | | | |

**Description of the event**

Describe the course of events and document with photographs. Tasks when the event occurred? What happened? How did

the event occur? What did the person(s) injured themselves on? What was the event due to? In the event of occupational/

communicable disease – what could have caused the problem?

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**Conditions at the workplace before the event occurred**

Have similar events occurred before? Were there deviations from normal working conditions in the workplace, e.g. deficiencies

in work equipment, high workload or were there deficiencies in normal working conditions in regard to matters like safety

procedures or the safety climate that could have caus ed the event?

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**Why did it happen – probable cause of the event?**

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**Measures taken and measures proposed to prevent the event**

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**Dealt with by the company safety representative/employee representative**

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| Date: | Signature of company representative: | Signature of employee representative: |

**Measures taken and checked**

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| --- | --- |
| Date: | Signature of person responsible: |