

L3 Major Incident Investigation Checklist

Notification

Head office		<input type="checkbox"/>
OH&S	<input type="checkbox"/> N/A	<input type="checkbox"/>
Time and date of incident		<input type="checkbox"/>
Time and date of notification		<input type="checkbox"/>
Time and date of arrival on site		<input type="checkbox"/>

Scene

Diagram		<input type="checkbox"/>
Photos		<input type="checkbox"/>
Measurements		<input type="checkbox"/>
Witness statements		<input type="checkbox"/>

Worker

Name		<input type="checkbox"/>
Date of birth		<input type="checkbox"/>
Home address and phone no.		<input type="checkbox"/>
Occupation		<input type="checkbox"/>
Experience		<input type="checkbox"/>
Training this job		<input type="checkbox"/>
Familiarity with equipment		<input type="checkbox"/>
How supervised		<input type="checkbox"/>
Personal protective gear		<input type="checkbox"/>
Personal problems on/off job	<input type="checkbox"/> N/A	<input type="checkbox"/>
Mental / physical challenges	<input type="checkbox"/> N/A	<input type="checkbox"/>
Nature of injuries		<input type="checkbox"/>
Knowledge H&S standards for the work.		<input type="checkbox"/>

Supervision

Name		<input type="checkbox"/>
Age		<input type="checkbox"/>
Experience as supervisor		<input type="checkbox"/>
Experience with job worker was doing		<input type="checkbox"/>
Personal knowledge of worker		<input type="checkbox"/>
Method of supervision		<input type="checkbox"/>
Knowledge H&S standards for the work.		<input type="checkbox"/>
Supervisor's opinion of how incident happened		<input type="checkbox"/>
Supervisor's opinion of future prevention		<input type="checkbox"/>

Supervisors' instructions from management	<input type="checkbox"/>
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First aid

Were services available	<input type="checkbox"/>
Was treatment given	<input type="checkbox"/>
Name of first aid attendant	<input type="checkbox"/>

Other party(s)

Instructions	<input type="checkbox"/>
Experience in industry	<input type="checkbox"/>
Experience in job at time of incident	<input type="checkbox"/>
Supervision	<input type="checkbox"/>
Training	<input type="checkbox"/>
Knowledge H&S standards for the work.	<input type="checkbox"/>
Familiarity with equipment used at time of incident.	<input type="checkbox"/>

Equipment & site

General condition	<input type="checkbox"/>
Make, serial and model number	<input type="checkbox"/>
Manufacturer's information	<input type="checkbox"/>
Maintenance information and records	<input type="checkbox"/>
Suitability and adequacy of equipment	<input type="checkbox"/>
Layout of operation	<input type="checkbox"/>

Environment & site

General condition	<input type="checkbox"/>	
Lighting	<input type="checkbox"/> N/A	<input type="checkbox"/>
Ventilation	<input type="checkbox"/> N/A	<input type="checkbox"/>
Wind	<input type="checkbox"/> N/A	<input type="checkbox"/>
Temperature	<input type="checkbox"/> N/A	<input type="checkbox"/>
Weather conditions	<input type="checkbox"/> N/A	<input type="checkbox"/>
Terrain	<input type="checkbox"/> N/A	<input type="checkbox"/>
Noise	<input type="checkbox"/> N/A	<input type="checkbox"/>

Persons with information

Name	<input type="checkbox"/>
Work and residence address	<input type="checkbox"/>
Recollection of incident	<input type="checkbox"/>

How involved (Personally viewed, heard, heard from other person)

Names and contact info of next of kin (fatality)

