

**Accident and nearby accident - investigation table**

**Information about the person (s) involved and information about the incident**

Company where the injured person is employed (name and address):

Injured person

Name	Job Position	Address where incident occurred

Date of Event	Event time

Event- What happened - Description?	Insert Relevant photos

**What Are the causes of the accident (Please provide more crosses)**

Cause	X	Cause	X
Improper use of machines		Poor planning	
Improper use of technical devices		Lack of maintenance	
Lack of cleanup		Construction errors	
Lack of technical aids		Using incorrect tools/equipment	
Slippery/uneven surface		Poor communication collaboration	
Loose/crashing / falling objects		Crashing	
breakage of, Collapse, Slippage, falling off mat.		Incorrect working position	
Faulty labelling / marking		Incorrect/heavy lifting/overload	
Difficult accessible workplace		Non-use of protective equipment	
Procedures not followed		Fire or explosion hazard	
Time Pressure/stress		Lack of experience/skills	

Faulty instruction		Lack of information/warning	
Inadequate supervision		Lack of knowledge/training	
Carelessness		Space	
Leakage, evaporation, splash		Contact with hot objects	
Threats, violence, shock, attack		Second / other	
Presence of humans/animals			

Describe more about the causes?

### What needs to be done to prevent something like this from happening again?

The scheme is used for feedback to The Health and safety organisation, management and others who must know about the incident and are responsible for helping to solve the problems and preventing similar events.

No.	Activity	Deadline	Responsible

**Remember that those who fill out schedules or otherwise report observations and events always must have feedback!**

Date of the investigation:

Name of the person who has made the investigation: