VUL-FRM-05-03-ICAM Investigation Report

Incident Details			
Incident (brief description):			
Location:			
Date of Incident:		Report Date:	
Lead Investigator's Name:		Incident Number:	INC-XXX

Incident Investigation Team		
Full Name	Position	Department

Visual Description of Incident (photos, diagrams, surveys etc.)

Distribution			
1	Site Senior Executive	6	CEO
2	Mine Manager	7	
3	HSET Superintendent	8	
4	Department Manager	9	
5	EGM	10	

Report Details

1. Executive Summary

2. Background Information

3. Absent / Failed Defences	

4. Individual / Team Actions	

5. Task / Environmental Conditions	

6. Organisational Factors	

Sequence of Events and Five Why's

INSERT SEQUENCE OF EVENTS OR HAVE AS SEPARATE DOCUMENT

Actions					
Action	By Who	Due Date	Action Plan No.	Risk Level	Risk Rating
				Extreme	18-25
				High	13-17
				Medium	6-12
				Low	1-5
Risk register reviewed and updated following the investigation?			☐ Yes ☐ No		

Incident Analysis Report Sign Off		
Department Manager:		
Name:	Signature:	Date:
HSET Superintendent:		
Name:	Signature:	Date:
Site Senior Executive:		
Name:	Signature:	Date:
SSE Comments:		