VUL-FRM-05-08-Incident Management Checklist

Incident Details			
Date		Location	
Brief Summary			
Type of Incident	Injury ☐ Environmental ☐ Equipment ☐ Procedural ☐		

Checklist	Yes	No	N/A
Have you contacted appropriate Superintendent / Manager?			
Have you contacted the OCE? (if in active mine area)			
Have you secured the Scene?			
Have you taken statements from personnel involved?			
Have you taken statements from personnel who witnessed the incident?			
Has a Drug & Alcohol test been completed?			
Have you completed the Incident & Investigation report form?			
Have you recorded the initial incident data in Safety Culture?			
Have you collected copies of equipment pre-start inspection sheets?			
Have you collected copies of any relevant risk assessments, JHA's, Take 5's?			
Have you collected a copy of the Pre-Start Meeting Sheet?			
Have you taken photos of the scene?			
Have you had survey pick up the area?			
Have Maintenance department. been notified? (if required)			
Other:			
Other:			

Sign Off					
Name:		Signature:		Date:	
Comments:					

Superintendent / Area Manager	Tick (✓)		
Checklist	**Yes**	**No**	**n/a**
Have you checked the classifications recorded by the Supervisor are correct?			
Is there an action recorded for an investigation to be carried out?			
Other:			

Sign Off					
Name:		Signature:		Date:	
Comments:					

Health & Safety Advisor	Tick (✓)		
Checklist	**Yes**	**No**	**n/a**
Has this incident been entered into Safety Culture?			
If yes to the above, what is the Safety Culture record reference?	#		
Has a Safety Alert been created and distributed to Site personnel?			
If the incident is an HPI, have you done an Incident presentation?			
Other:			

Sign Off					
Name:		Signature:		Date:	
Comments:					