



University of
St Andrews

Incident, Accident and Near Miss Investigation Form

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| Document type | Procedure |
| Scope (applies to) | Staff and students |
| Applicability date | 11/07/2021 |
| Review / Expiry date | 12/07/2024 |
| Approved date | 13/07/2021 |
| Approver | Head of EHSS |
| Document owner | Deputy Director |
| School / unit | Environmental Health and Safety Services |
| Document status | Published |
| Information classification | Public |
| Equality impact assessment | None |
| Key terms | Health and safety/Hazard identification and risk assessment |
| Purpose | Compliance |

| Version number | Purpose / changes | Document status | Author of changes, role and school / unit | Date |
|-----------------------|--------------------------|------------------------|---|-------------|
| v1.0 | New Document | Approved | Dr Paul Szawlowski, Deputy Director of EHSS | 12/07/2021 |

University of St. Andrews

Accident/Incident Investigation Report

1. Details of the Accident/Incident

School/Unit/Residence

Date/Time of Accident 20 am/pm

Name of Person(s) Involved

Place of Accident/Incident

Name of Investigator

Date of Investigation

2. DETAILS OF WHAT HAPPENED

a. Historical Evidence (Timing and sequence of events)

b. Describe the process being undertaken when the incident happened

c. Provide copies of the risk assessment for the work activity and the relevant control measures which should have been in place and also any Safe Systems of Work which should have been followed.

Was the risk assessment/Safe System of Work adequate and if not, why not

d. Possible causes of the incident

CAUSITIVE AGENT (Tick more than one option if applicable)

| | | | |
|-----------------|---|--|--|
| Live Animal | Falls from height | Hot/cold contact | Violence/Assault |
| Electricity | Struck or trapped by object | Defective premises | Defective equipment |
| Explosion | Striking against fixed or stationary object | Exposure to toxic substances or pathogenic material | Work-related vehicle/traffic accidents |
| Fire | | | |
| Falls on level | Sharps (incl. Glass & needles) | Unintentional spillages/releases of harmful substances | Occupational Illness |
| Falls on stairs | Handling/Lifting | | Other |

These are just examples of possible causative agents. If the incident did not involve any of these, please add the risk to the table.

e. **Geographical Evidence** (Take measurements of relevant items, objects and equipment involved. If deemed useful, take photographs and make scale drawings).

f. **Other underlying causes which may have been a factor in the incident** (for example; poor management/supervision, poorly designed process, poor maintenance, lack of proper training., poor communication, lack of suitable and sufficient personal protective equipment)

d. **Circumstantial Evidence.** (Where there is no witness to establish a conclusion).

3. **Conclusion** (From the evidence give reasons for accident/incident and also the underlying causes and 'Root Causes' of the incident e.g. failure of plant or equipment, human error, inadequate training, lack of supervision, lack of a safe system of work etc).

4. **Recommendations** (Measures to prevent recurrence of accident/incident. Counselling - Victim/Witness)

| Recommendation number | Underlying causes of the incident | Recommendations for remedial action | Person responsible for implementing remedial actions | Proposed date remedial actions to be completed by | When remedial actions completed |
|-----------------------|-----------------------------------|-------------------------------------|--|---|---------------------------------|
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Send Report to Head for attention/action

Head of School/Unit/Residence - Remarks

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