

**ACCIDENT OR INCIDENT
INVESTIGATION AND CORRECTIVE
ACTION REPORT**



Version No	Rev 0	Date	December 2010
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THIS FORM SHOULD BE FILLED OUT BY THE DEPARTMENTAL MANAGER OR HEAD OF FUNCTION IN CONJUNCTION WITH THE HEALTH AND SAFETY OFFICER FOLLOWING THE REPORTING OF AN ACCIDENT OR INCIDENT

THIS REPORT SHOULD DETAIL THE CORRECTIVE ACTIONS WHICH WILL BE UNDERTAKEN BY MANAGEMENT TO PREVENT THE REOCCURANCE OF A SIMILAR ACCIDENT OR INCIDENT IN THE FUTURE

ACCIDENT OR INCIDENT REPORT NO	
DATE OF ACCIDENT	



ACTION REQUIRED	RESPONSIBLE PERSON	DATE FOR COMPLETION



HEAD OF SCHOOL OR FUNCTION (If applicable)		DATE	
DEPARTMENTAL MANAGER		DATE	
HEALTH AND SAFETY OFFICER		DATE	