

Incident Investigation Form

Now We're Talking - Speech Pathology and Psychology

Document prepared May 2020 by Olivia O'Hare

Incident Investigation Form

This form is to be completed when an incident is considered more serious and needs further in-depth investigation and to determine any steps required to prevent it occurring again. This may include, but is not limited to, any incident that is 'Notifiable' or could lead to litigation (refer to Incident Management Policy)

This form is to assist with unbiased investigation people outside your organisation (eg a colleague or other professional) are generally used in conducting the investigation

If this is a client / participant incident (unless it is a complaint) this form should also be added to the client file.

Incident Details
Name of person/s involved in the incident:
Date of incident:
Incident investigation person:
Incident description (e.g. client tripped over a cord):
Was there any damage/injury to the person involved?

What factors contributed to the incident?	
Environmental	Equipment/materials
<input type="checkbox"/> Trip hazards in environment <input type="checkbox"/> Area was too crowded <input type="checkbox"/> Inadequate lighting	<input type="checkbox"/> Required equipment not available <input type="checkbox"/> Equipment failure /poor maintenance <input type="checkbox"/> Inadequate training provided
Work systems	People
<input type="checkbox"/> Risk not identified <input type="checkbox"/> Inadequate/no risk assessment conducted <input type="checkbox"/> Inadequate understanding of risk <input type="checkbox"/> Inadequate/no work procedure <input type="checkbox"/> Inadequate/no controls implemented <input type="checkbox"/> Inadequate training provided	<input type="checkbox"/> Lack of communication <input type="checkbox"/> Fatigue <input type="checkbox"/> Change of routine <input type="checkbox"/> Procedure not followed <input type="checkbox"/> Distraction/Stress/Personal issues <input type="checkbox"/> Other

Corrective Actions				
Contributing factor – from above list	What can be done to fix the problem?	Who is involved?	When will action be taken?	Completion Date

To be signed once the issue has been resolved.		
	Signature	Date
Name of person/s involved in incident:		
Name of Practice Director		