

Incident Investigation Questionnaire

1. Was the person concerned told to carry out the particular task. If not:

(a) Why did the person undertake the task?

.....
.....

(b) Was there a change in intention? If so, state reason for change

.....

2. Was the person concerned carrying out a task that was part of his/her normal duties?

Yes/No

If no, state what was abnormal or different?

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.....

3. Was the task within the job specification or description of the person concerned?

Yes/No

If no:

(a) In what way was it outside the job specification or description?

.....
.....

(b) Who should have carried out the task?

.....
.....

(c) Why should that person perform the task?

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.....

4. **Had the person concerned been trained to carry out the task?**

Yes/No

If yes, what training had been given?

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.....

5. **What was the date of the last training given?**

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.....
.....

6. **Had the person concerned been given written or verbal instruction in the general hazards associated with the task?**

Yes/No

If yes:

(a) Methods of instruction and when given?

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.....

(b) Outline the instruction given

.....
.....

7. **Was the task carried out following the task procedure?**

Yes/No

8. **When was the task procedure last updated?**

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9. Was the task within the capability of the person concerned?

Yes/No

If no, what additional training is required?

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.....

10. Was the person concerned familiar with type of plant/equipment, tools etc?

Yes/No

11. Was the person concerned specifically warned and instructed about the hazards of the task?

Yes/No

If no:

(a) Were the hazards known at all?

.....
.....

(b) Who knew them?

.....
.....

12. Was the person's immediate supervisor present in the area in at the time of the incident?..

Yes/No

If not:

(a) The location of the supervisor at the time?

.....
.....

(b) Did the supervisor given any instructions prior to leaving the area?

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.....

13. Was the incident reported immediately?

Yes/No

To whom:

If not:

(a) Why was there a delay?

.....
.....

(b) How long was the delay?

.....
.....

14. Did the supervisor give a pre-task briefing?

Yes/No

15. When did the supervisor last see the Franchisee doing the task correctly?

.....
.....

PERSONAL PROTECTION EQUIPMENT

16. Was there a requirement to wear personal protective equipment?

Yes/No

17. Was the personal protective equipment available?

Yes/No

18. Was the specified personal protection equipment being worn correctly?

Yes/No

19. If specialist personal protection equipment was involved had the Franchisee received training in the correct wearing and use of the equipment?

Yes/No

Date of last training?

PLANT/EQUIPMENT/PREMISES

20. Were plant/equipment/premises in normal condition?

Yes/No

(a) Plant - Yes/No

(b) Equipment - Yes/No

(c) Premises - Yes/No

If no, state what modifications or alterations had been or should be made?

.....
.....

21. Were means for controlling emergency conditions e.g. emergency stops etc, located near to hand??

Yes/No

If no, would such controls have reduced the consequences or eliminated the incident?

Yes/No

22. Were guards or protective devices effective and/or secure?

Yes/No

If no, in what way was the guarding of the machine/plant insecure or ineffective?

.....
.....

23. Were warning notices displayed, warning persons of hazards or to use protective equipment, clothing etc?

Yes/No

If yes, type and content of notice?

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.....
.....

24. Were operating controls, pipelines, tanks etc clearly marked?

Yes/No

If no:

(a) Reasons why not clearly marked?

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.....

(b) What additional markings could be made?

.....
.....

25. Was there unobstructed access/egress to and from location?

Yes/No

If no, cause of blockage or restriction?

.....
.....

26. Is there a written task procedure or JHSA for the tasks involved?

Yes/No

What task procedures could be laid down:

.....
.....
.....

27. Were the task procedures or JHSA clear and concise?

Yes/No

28. Which task procedures need to change?

- (a)
- (b)
- (c)
- (d)

29. Is there a system for monitoring that procedure/instructions are followed?

Yes/No

If no, what method of monitoring could be used to ensure that the procedures are followed?

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.....

30. Is there an accepted safe method for carrying out the task?

Yes/No

If no, what method could be devised that would eliminate or reduce incident potential?

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.....

31. Are procedures laid down for warning personnel of the hazards of the task?

Yes/No

If no, what recommendations could be made to improve the situation?

32. Are "permits-to-work"/"clearance-certificates" normally issued for this type of work?.....

Yes/No

If no, should consideration be given to issuing a permit?

.....
.....

33. Was a “permit-to-work” issued/

Yes/No

If no, why was a permit not issued?

.....

.....

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34. Were permit-to-work conditions being followed?

Yes/No

If no, what conditions were being followed?

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.....

.....

ENVIRONMENT

35. Did any of the following environmental factors contributed to the incident?

Yes/No

If yes, please circle:

- | | | |
|------------------|------------------------|----------------------------|
| Rain | Ice | Conditions of Ground/Floor |
| Cold | Fumes | Vapour |
| Restricted Space | Uneven/Unlevel Surface | Radiation |
| Snow | Fog | Heat |
| Humidity | Gas | Noise |
| Confined Space | Sun | |

State the nature of and the reasons for these environmental factors

.....

.....

36. Was there a malfunction or failure of plant or equipment?

Yes/No

State what failed:

(a)

- (b)
- (c)
- (d)

37. Was there a failure or malfunction of an alarm system?

Yes/No

(a) State which alarm system failed

.....
.....

(b) When was the alarm system last checked

.....

By Whom

MISCELLANEOUS

38. Were any of the person's senses listed obscured or nullified which could have been a contributory factor?

Yes/No

Sight Hearing Smell Taste Touch

If yes, state which and why:

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.....
.....

39. List the names of other people who might assist in this investigation

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.....
.....

40. Investigator's comments and recommendations

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