



# Appendix H: Incident Investigation

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The purpose of this guidance is to provide practical advice and guidance on how to investigate incidents (accidents and near misses).

## 2. Introduction

The investigation and analysis of work related incidents forms an essential part of managing health and safety.

*“Blaming individuals is ultimately fruitless and sustains the myth that accidents and cases of ill health are unavoidable when the opposite is true. Learning the lessons from what your investigation uncovers is at the heart of preventing incidents. Identify what is wrong and take positive steps to put it right”*

Health and Safety Executive guidance HSG245 Investigating Accident and Incidents.  
<http://www.hse.gov.uk/pubns/hsg245.pdf>

### 3. Incident Type and Investigation

<b>Catastrophic</b>	<b>Major</b>	<b>Moderate</b>	<b>Minor</b>	<b>Insignificant</b>	<b>Near Miss</b>
<p>The most serious types of incidents resulting in:</p> <p>Serious injury, permanent incapacity, loss of limb, fatality, severe damage to property, environment, long-term loss of services.</p>	<p>The most serious types of incidents resulting in:</p> <p>Major injury, multiple injuries, long term ill health, damage to property, short-term loss of services, significant effect on property or environment.</p>	<p>Any incident which results in:</p> <p>Fractures, sprain, strain, laceration, ill health, moderate damage to property, environment, interruption to services.</p>	<p>Any incident which results in:</p> <p>Cut, bruise, basic first aid treatment required minor impact to services, property or environment.</p>	<p>Any incident which results in:</p> <p>Minimal injury (no first aid needed), no repairs required, minimal impact to services, property or environment.</p>	<p>Any incident which results in:</p> <p>No harm or damage to property or environment but had the potential to cause harm or damage.</p>
<p>Full investigation required- Investigation will be required by the Health &amp; Safety Officer (with the support Health and Safety Strategic Lead if required).</p>	<p>Investigation will be required by the Health &amp; Safety Officer (with the support Health and Safety Strategic Lead if required).</p>	<p>Investigation will be required by managers and the Health &amp; Safety Officer.</p>	<p>Health &amp; Safety Officer to complete initial investigation to learn lessons and prevent reoccurrence.</p>	<p>Health &amp; Safety Officer to complete initial investigation to learn lessons and prevent reoccurrence.</p>	<p>Health &amp; Safety Officer to complete initial investigation to learn lessons and prevent reoccurrence.</p>

## 4. Full Incident Investigation

Full investigations should be completed for major and catastrophic incidents and serious near misses. The aim of the investigation is to identify **what happened** and **why**.

It is expected that the Health & Safety Officer with the support of the strategic lead (in some cases) completes the investigation process. The Health & Safety Officer may delegate investigation actions to other members of staff, for example examining the site of the incident or taking photographs. However, the Health & Safety Officer should be involved in formulating or agreeing the action plan and approving the investigation report.

The incident investigation report has been designed to be easy to complete by staff who are not trained investigators. The form consists of a series of questions which prompt who should be spoken to and what information to gather; the form can be handwritten or typed. The completed form should be scanned (for handwritten forms) and emailed to the Health & Safety Strategic Lead.

The incident investigation should identify the root cause of the incident (an initiating event or failing from which all other causes or failings arise). Root causes are generally management, planning or organisational failings. The simplest way to identify the root cause is the “Five Why’s” approach.

By asking ‘Why?’ up to five times, you can:

- Investigate the causes of an accident or incident; and
- Identify solutions to prevent an incident happening again; and
- Make links between the root causes of good or bad practice; and
- Learn good practice lessons to improve health and safety of the business.

## 4.2 Example Five Why Approach



Why did the worker injure himself?

Because he fell from a ladder



Why did he fall from a ladder?

Because he was not holding onto the ladder and overbalanced backwards



Why was he not holding onto the ladder?

Because he was using both hands to remove a large section of guttering



Why was he using both hands to remove guttering?

Because the system of work for gutter replacement was flawed so it was not possible for the worker to maintain three points of contact with the ladder



Why was there a flawed system of work in place?

Because the job had not been properly planned in advance

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When using the “Five Whys” analysis, try to:

- Ask proper questions that delve deeper into the issue. Simply repeating the word ‘Why?’ is not likely to help.
- Avoid being or appearing confrontational.
- Avoid making questions personal or accusatory (e.g., ask ‘Why do you think the ladder slipped?’ not ‘Why did you make the ladder slip?’)

The last page of the incident investigation report is an action plan. If any remedial actions are necessary, they should be captured in the action plan table. The manager accountable for the service area is responsible for coordinating the completion of all actions within agreed timescales and report back to the Health & Safety Officer.

## 5. Investigation Summary

### Direct Observations

Information from your own direct observation of the site of the accident.

Take photographs to aid observations.

- Layout of premises
- Equipment e.g. make/model/type/status/guards/power status
- Presence (or absence) of articles or substances
- General conditions and housekeeping
- Other person(s) & activities present
- Reconstruction of incident
- Measurements and plans
- Position of injured person/witnesses at time of the accident
- Presence of CCTV cameras
- Assess what you find
- Check reliability, accuracy
- Identify and resolve differences
- Identify gaps in evidence

**Do you have a clear picture of what happened and why?**

### People to speak to

Information from:

- Injured person
- Direct witnesses
- First aider
- Other staff or students working in or managing the accident site

### Documents

Information from relevant documents:

- Accident report form
- First aider report
- E-mail(s)
- Risk assessments
- COSHH assessments
- Manual handling assessments
- Staff training records
- Monitoring records e.g. dust/noise
- Maintenance/test results
- Previous accident reports
- Health & Safety Executive (HSE) guidance
- Other best practice guidance
- Minutes of meetings
- Safe operating procedures
- Manufacturer's instructions
- Witness Statements



## 6. Incident Investigation Report

<b>Incident Investigation Form</b> This form should be signed by the person leading the incident investigation.
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### Section 1: Overview

<b>Name of Injured Person(s)</b>		<b>Date of Incident</b>	
<b>Person carrying out investigation</b>		<b>Date of Investigation</b>	
<b>Incident Severity (from HSI01 form)</b>	<b>Catastrophic</b>	<input type="checkbox"/>	
	<b>Major</b>	<input type="checkbox"/>	
	<b>Moderate</b>	<input type="checkbox"/>	
	<b>Minor</b>	<input type="checkbox"/>	
	<b>Insignificant</b>	<input type="checkbox"/>	
	<b>Near miss</b>	<input type="checkbox"/>	

### Section 2: Investigation Information Gathering

<b>1. Where and when did the incident happen?</b> Include building and room. For outside areas consider aerial map with site of incident marked.
<b>2. Who was injured/ suffered ill health or was otherwise involved with the incident?</b> Include name, staff or student number if known, length of service, status e.g. staff, student, contractor
<b>3. Were there any witnesses to this incident?</b>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
<b>3.1 Have witness statements been taken?</b>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Supporting documents included in this investigation: <input type="checkbox"/> witness statements - Name(s) <input type="checkbox"/> Other (Please state)

<b>4. How did the incident happen? (Be as detailed as possible)</b> (What activities were being carried out at the time and any equipment involved including make, model, serial no)		
Supporting documents/items included in this investigation: <input type="checkbox"/> Photographs <input type="checkbox"/> CCTV or video/audio files <input type="checkbox"/> Plans <input type="checkbox"/> Physical evidence e.g. whole of damaged parts of equipment, samples of substances, clothing or footwear <input type="checkbox"/> Manufacturers/suppliers user guides <input type="checkbox"/> Results of tests e.g. dust or noise monitoring <input type="checkbox"/> Health surveillance records <input type="checkbox"/> Best practice guidance e.g. trade association or Health and Safety Executive guidance <input type="checkbox"/> Other (Please state)		
<b>5. Why did the incident happen? (Use the Five Why's technique to identify root causes)</b>		
<b>6. Was there a risk assessment and/or safe operating procedure (SOP) for the task?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6.1 Did the risk assessment/SOP cover all aspects of the task?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6.2 Was it being followed?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>6.3 Supporting documents/items included in this investigation:</b>	
<input type="checkbox"/> Risk assessment(s) e.g. COSHH, Manual Handling, LOLER <input type="checkbox"/> Safe operating procedures (SOP)	
<b>Give Details:</b>	
<b>7. Was there anything unusual or different about the working conditions at the time of the incident? e.g. weather, etc.</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Give details:</b>	
<b>8. What injuries or ill health effects, if any, were caused?</b>	
<b>9. Was maintenance, cleaning or housekeeping sufficient?</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>9.1 If not, explain why not:</b>	
Supporting documents/ items included in this investigation: <input type="checkbox"/> Maintenance Records <input type="checkbox"/> Other (Please state) <input type="checkbox"/> Cleaning records	
<b>Give Details:</b>	
<b>10. Was a lack of competency/training a factor in this incident?</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>10.1 Give details:</b>	
Supporting documents/items included in this investigation: <input type="checkbox"/> Training records <input type="checkbox"/> Other (Please state)	
<b>11. Did the workplace layout influence the incident?</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>11.1 How did the workplace influence the incident?</b> e.g. maintenance, routine/non-routine work being completed	
<b>12. Was safety equipment and/or personal protective equipment provided?</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>12.1 Was the equipment suitable for the task and being used correctly?</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Give details:</b>	
<b>12.2 Was PPE used during the task?</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>12.3 Was PPE compatible with other PPE used?</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>13. Are you aware of any similar incidents?</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Give details:</b>	
<b>14. Is there any other information not detailed above that is relevant to this incident?</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Give details:</b>	

## 7. Action Plan and Investigation



No	Description	Allocated to	Target Date	Comments	Task Complete		Date Completed
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## 8. Initial Equalities Impact Assessment

<b>Department:</b> All	<b>Completed by:</b> Tara Henderson, Head of Policy & Governance	<b>Date of initial assessment:</b> 11/01/2021
<b>Area to be assessed:</b>	HS-001 Appendix H Incident Investigation	
<b>Existing or new policy/procedure:</b>	New	
<b>What evidence has been used to inform the assessment and policy? (please list only)</b>		
<b>External guidance and requirements:</b> ➤ Health and Safety Executive guidance HSG245 Investigating Accident and Incidents		
<b>Internal guidance and requirements:</b> ➤ Consultation with Health and Safety Officer and Health and Safety Strategic Lead		

<b>1. Describe the aims, objectives or purpose of the policy/procedure</b>	The purpose of this guidance is to provide practical advice and guidance on how to investigate incidents (accidents and near misses).			
<b>2. Which stakeholders/groups are intended to benefit from this policy/procedure?</b>	All stakeholders			
<b>The Equality Act 2010 requires public bodies to have 'due regard' to the need to:-</b> (1) Eliminate unlawful discrimination, harassment and victimization (2) Advance equality of opportunity between different groups; and (3) Foster good relations between different groups	<b>3. Could the policy/procedure have a disproportionately negative effect impact in terms of the aims set out in (1) to (3) of the Act on any of the protected characteristics?:-</b> <b>High</b> <b>Medium</b> <b>Low</b> <b>No effect</b>	<b>4. Briefly explain how the policy/procedure furthers or prevents the aims set out in (1) to (3).</b>	<b>5. If there is a disproportionately negative impact on any protected characteristics, can it be justified on the grounds of promoting equality or any other reason? If yes, please explain.</b>	
<b>Protected characteristics</b>	<b>Age</b>	No effect	Not applicable	Not applicable
	<b>Disability</b>	No effect	Not applicable	Not applicable
	<b>Gender</b>	No effect	Not applicable	Not applicable
	<b>Gender reassignment</b>	No effect	Not applicable	Not applicable
	<b>Marriage and Civil Partnership</b>	No effect	Not applicable	Not applicable
	<b>Pregnancy and Maternity</b>	No effect	Not applicable	Not applicable
	<b>Race</b>	No effect	Not applicable	Not applicable
	<b>Religion or Belief</b>	No effect	Not applicable	Not applicable
	<b>Sexual Orientation</b>	No effect	Not applicable	Not applicable

<b>6. Has there been any consultation/engagement with the appropriate protected characteristics?</b>	Not applicable as no PC impact identified
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<b>7. What action(s) will you take to reduce any disproportionately negative impact, if any?</b>		None required
<b>8. Based on the information in sections 1 to 7, should this policy/procedure proceed to Full Impact Assessment? (recommended if one or more 'High' under section 2)</b>		No
<b>Assessor signature:</b> 	<b>Approved by:</b> Michelle Elliott 	<b>Date approved:</b> 11/01/2021

