

ENVIRONMENTAL INCIDENT INVESTIGATION REPORT

Project / Facility Name: Kiribati Road Rehabilitation Project

Project / Facility No: 2536

This form is to be forwarded to Business Unit QSE Manager.					
Personal Details					
Surname:		First Name:		Date of Birth: / /	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Occupation:			
Experience:		Training:		Time of Incident:	
<input type="checkbox"/> 1 to 3 mths <input type="checkbox"/> First time		<input type="checkbox"/> Site Induction		Date: / /	
<input type="checkbox"/> 4 to 6 mths <input type="checkbox"/> Once or twice		<input type="checkbox"/> Area Induction		Time (24 hours)	
<input type="checkbox"/> Over 6 mths <input type="checkbox"/> Many times		<input type="checkbox"/> Specific Task			
Reported by:		Position:		Date: / / Time:	
Employment		Shift Details			
		<i>Part of Roster</i> <i>Part of Shift</i>		<i>Shift</i> <i>Residency</i>	
<input type="checkbox"/> Staff worker <input type="checkbox"/> Contractor		<input type="checkbox"/> 5 days & less <input type="checkbox"/> <4 hours		<input type="checkbox"/> Day <input type="checkbox"/> Camp	
<input type="checkbox"/> Wage worker <input type="checkbox"/> Apprentice		<input type="checkbox"/> 6 to 15 days <input type="checkbox"/> 4 to 6 hours		<input type="checkbox"/> Night <input type="checkbox"/> Non Camp	
<input type="checkbox"/> Casual <input type="checkbox"/> Trainee		<input type="checkbox"/> 15 to 21 days <input type="checkbox"/> 8 to 12 hours		<input type="checkbox"/> Evening <input type="checkbox"/> Off Site	
<input type="checkbox"/> Visitor/Work Experience		<input type="checkbox"/> Over 21 days <input type="checkbox"/> Over 12 hours		<input type="checkbox"/> Other	
Incident Classification					
<input type="checkbox"/> Serious Environmental Incident <input type="checkbox"/> Minor Environmental Incident <input type="checkbox"/> Near Miss – Environment <input type="checkbox"/> Other					
Environmental Incident Category					
<input type="checkbox"/> Permit Breach	<input type="checkbox"/> Death to animal	<input type="checkbox"/> Injury to animal	<input type="checkbox"/> Damage to protected flora	<input type="checkbox"/> Unauthorised vegetation clearance	<input type="checkbox"/> Weed & seed
<input type="checkbox"/> Pest	<input type="checkbox"/> Land Contamination	<input type="checkbox"/> Water Pollution	<input type="checkbox"/> Visible plume	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Chemical/hydrocarbon Storage
<input type="checkbox"/> Noise	<input type="checkbox"/> Vibration	<input type="checkbox"/> Dust	<input type="checkbox"/> Cultural Heritage	<input type="checkbox"/> Other	
Receiving Environment					
<input type="checkbox"/> Land <input type="checkbox"/> Air <input type="checkbox"/> Water					
Area/Volume Affected:		M^2	M^3	litres (if relevant)	
Agent Causing Impact: (i.e. hydrocarbons, chemical name, erosion)			Approx. Cost (\$):		
Incident Statement					
What was actually happening? What went wrong? What were the consequences?					
Where did it happen? Was there anyone else involved? Were there any witnesses?					
Please give full details below					

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Cause Checklist

People	Equipment	Environment	Management
1. <input type="checkbox"/> No written job procedure	1. <input type="checkbox"/> Hazardous condition(s) contributed to by equipment	1. <input type="checkbox"/> Hazardous condition(s) contributed to by location	1. <input type="checkbox"/> Management system failure
2. <input type="checkbox"/> Written job procedure did not anticipate factors	2. <input type="checkbox"/> Hazardous condition of equipment not required	2. <input type="checkbox"/> Failure to recognize environmental hazard	2. <input type="checkbox"/> Supervision failure to detect or report the hazardous condition
3. <input type="checkbox"/> Employee(s) did not know job procedure	3. <input type="checkbox"/> Quality of equipment contributed to condition	3. <input type="checkbox"/> Hazard condition of environment not reported	3. <input type="checkbox"/> Supervision failure to detect deviations from procedure
4. <input type="checkbox"/> Job tasks were too difficult	4. <input type="checkbox"/> Wrong equipment used	4. <input type="checkbox"/> Insufficient work space	4. <input type="checkbox"/> Construction deadlines
5. <input type="checkbox"/> Employee(s) not capable of performing the job	5. <input type="checkbox"/> Employee did not know where to obtain correct equipment	5. <input type="checkbox"/> Employee(s) not required in area	5. <input type="checkbox"/> Failure to Supervisor responsibility / accountability
6. <input type="checkbox"/> Employee(s) deviated from known job procedure	6. <input type="checkbox"/> Equipment design encouraged operator error	6. <input type="checkbox"/> Hazardous condition not visible	6. <input type="checkbox"/> Supervisor/Employer failed to review procedure
7. <input type="checkbox"/> Deviation from job procedure was required	7. <input type="checkbox"/> Failure to recognise equipment hazardous condition	7. <input type="checkbox"/> Employee(s) not informed of hazardous condition	7. <input type="checkbox"/> Supervisor not trained in accident prevention / hazard identification
8. <input type="checkbox"/> Employee(s) did not know that PPE was required	8. <input type="checkbox"/> Employee(s) not informed of equipment condition	8. <input type="checkbox"/> Environmental condition a contributing factor	8. <input type="checkbox"/> Failure to initiate corrective action for known hazardous conditions
9. <input type="checkbox"/> No PPE specified for job	9. <input type="checkbox"/> No detection of condition in existing inspection procedure		
10. <input type="checkbox"/> PPE not available	10. <input type="checkbox"/> Correct equipment unavailable		
11. <input type="checkbox"/> Lack of PPE contributed to injury	11. <input type="checkbox"/> No inspection procedure		
12. <input type="checkbox"/> Employee(s) did not know how to use PPE	12. <input type="checkbox"/> Substitute equipment used		
13. <input type="checkbox"/> PPE was used incorrectly			
14. <input type="checkbox"/> PPE supplied was inadequate			
15. <input type="checkbox"/> Emergency equipment not specified			
16. <input type="checkbox"/> Emergency equipment not properly used			
17. <input type="checkbox"/> Emergency equipment did not function correctly			
Chances of incident recurring:	<input type="checkbox"/> Unlikely	<input type="checkbox"/> Possible	<input type="checkbox"/> Most Likely

Involved Signature: _____ Date: _____ Witness(s): _____ Date: _____
 Supervisors Signature _____ Date: _____ EA Signature: _____ Date: _____
 Project Managers Signature: _____ Date: _____ EMR Rep Signature: _____ Date: _____