



Details Continued	Action Confirmed (Date / Name)

**Sketch of Incident** (if it will assist draw the incident) (if vehicles involved this is essential)

  
  
  
  
  
  
  
  
  
  

**OTHER PEOPLE INVOLVED / WITNESSES** (critical if a vehicle accident or property damage)

Name	Contact Details (include phone and postal address)	Company	How Involved

**NON CONFORMANCE:** Issued to Company / Person  Yes  No  Date: \_\_\_/\_\_\_/\_\_\_

Client / Subcontractor / Company Name: \_\_\_\_\_

Name of Person Issued to: \_\_\_\_\_

Any Action Required:  Yes  No By When: \_\_\_\_\_

Completed Report Submitted to the Manager.

**REVIEW / ACTIONED:**

Manager \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Name Signature Date

Is there a need to complete 'Part B'– Investigation / Corrective Action  No  Yes (attach copy)

Filing:  Central Incident File  Copy back to Originator  Copy to Client (if required)  Government Agency Notified

Office Coordinator \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Name Signature Date



**IMPROVEMENT REPORT – PART B**

**PART B** *To be completed by Investigator / Manager*

Name of person investigating: \_\_\_\_\_

Position Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**CAUSE (Investigator)**

1. What caused or contributed to the problem (list / define): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Did any of the following contribute:
- Training (define): \_\_\_\_\_
  - Procedures (define): \_\_\_\_\_
  - Work Method (define): \_\_\_\_\_
  - Inexperience (define): \_\_\_\_\_
  - Faulty Plant / Equipment (define): \_\_\_\_\_

3. Had the following been carried out or were they in place?
- Induction Recorded                       Site Specific Induction
  - Safety Plan                                       Risk Assessment
  - WMS / JSA

**CORRECTIVE ACTION (Investigator)**

- Repair     Apply for concession                      Date:...../...../.....
- Replace     Letter of thanks                              Date:...../...../.....
- Dispose     Workplace Health & Safety Notified      Date:...../...../.....
- Reorder Date:...../...../.....               Other: \_\_\_\_\_
- Rework

Briefly, describe corrective action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVENTATIVE ACTION (to stop this situation from recurring – to be completed by Investigator)**

- Training
- Safety Alert Issued
- More detailed investigation required
- Procedural Change
- Raised at management meeting
- Other (please detail) \_\_\_\_\_
- Specification Change
- Audit

Briefly describe preventative action / follow up action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person authorised to fix the problem: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name Signature Date

All actions completed  YES  NO

Investigator / Manager: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Should government agency (WH&S Qld, EPA) be notified:  NO  YES If Yes Date notified: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**REVIEW BY MANAGER**

Any additional action required:  Yes  No

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manager: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**COST OF INCIDENT (for Advance Profitplan internal use only)**

List all costs involved in incident (Repair/Training/Changes etc.) Attach copy of invoices/payments made etc.

\$ \_\_\_\_\_ Comments: \_\_\_\_\_  
\_\_\_\_\_

**Filing:**  Person Initiating Report  Office – Central File  Copy to client (if required)