**The South Australian Mining and Quarrying Occupational Health and Safety Committee**

**Promoting Work Health and Safety in the Workplace**

This workplace industry safety resource is developed and fully funded by the Mining and Quarrying Occupational Health and Safety Committee (MAQOHSC).

**Disclaimer**

**IMPORTANT:** The information in this guide is of a general nature, and should not be relied upon as individual professional advice. If necessary, legal advice should be obtained from a legal practitioner with expertise in the field of Work Health and Safety law (SA).

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**Incident Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Incident:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Incident Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Location:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Interview Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Witness / Involved Persons Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Position:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Shift / Crew:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Supervisor:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Contact Details:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Birth:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Statement**

Please provide a detailed description of the Incident / Event in your own words.

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Please summarise the incident sequence from start to finish.

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| --- | --- | --- | --- |
| **TIME** |  **EVENT** |  **TIME** |  **EVENT** |
| ***EXAMPLE****1615hrs* |  *Conducted Pre Start on Loader 01* |  |  |
|  |  |  |  |
|  |  |  |  |
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Did you note anything unusual you observed prior to or during the incident? (sights, sounds, smells, etc.)

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What was your role in the incident sequence?

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What conditions influenced the incident? (weather, time of day, equipment malfunctions, etc.)

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Additional comments / observations:

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***I declare that the above statement is true and accurate.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Witness Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |
| **Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
|  |  |  |  |
| **Interviewer Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |
| **Interviewer Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Position Held:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |