

Annex C

Detailed Investigation Report For PESS

Date: _____

Reporter's Particular	Name & Staff/Student Card No.	
	Designation & Dept/AG	
	Contact Number	
	Email	
	Signature of Reporter	

Injured's Particulars	Name & Staff/Student Card No.	
	Designation & Dept/AG	
	Contact Number	
	Email	

Details of incident:

Date of occurrence: _____

Time: _____ (Before / During / After Class / Training Session / Recreation)*

Location: _____

Was facilities staff informed of the incident? Yes / No

Name of facilities staff who attended to the incident: _____

* Please circle accordingly

Description of incident:

Description of injury (if any):

Immediate action or steps taken at time of incident:

INVESTIGATION OUTCOMES

What were the key events that contributed to the incident?

What were the identified cause/s of the incident?

Which of the identified cause/s are within the control of the workplace?

What corrective or remedial action (solutions) can be implemented concerning the identified cause/s?

RECOMMENDATIONS

Outline corrective or remedial action/s (solutions) to prevent the recurrence of the incident.
How, when and by whom will follow-up on these recommendations:

Recommended corrective or remedial actions are solutions to preventing the recurrence of a health and safety incident and must address the identified cause/s. Recommendations must not be one-or band-aid solutions.

RISK OF INCIDENT RECURRENCE

Use the matrix below to assess the risk of the incident recurring if the recommended corrective or remedial action/s (solutions) outline above are implemented.

		Consequence				
		Insignificant	Minor	Moderate	Major	Critical
Likelihood	Almost certain	Medium	Medium	High	Extreme	Extreme
	Likely	Low	Medium	High	High	Extreme
	Possible	Low	Medium	High	High	High
	Unlikely	Low	Low	Medium	Medium	High
	Rare	Low	Low	Low	Low	Medium

Enter Risk Here: _____

REVIEW BY SENIOR MANAGER AND HEAD, PESS

Investigation and recommendations reviewed and appropriate:

Yes / No (Please circle appropriately)

Sign off Comments:

Seen & Endorsed by:

A/P Koh Koon Teck
Head, PESS
Dated :

Ms Samantha Tang
Senior Manager, PESS
Dated:

FOLLOW-UP COMPLETION

State all followed-up actions and when these have been completed:

Followed up by:

Name
Designation
Dated :

Seen & Endorsed by:

A/P Koh Koon Teck
Head, PESS
Dated :

Ms Samantha Tang
Senior Manager, PESS
Dated: