|  |  |
| --- | --- |
| ICAM Investigation Report | |
| Business Unit/ Workgroup: |  |
| Date of Incident: | /     / |
| Brief Description of Incident: |  |
| INX Reference Number: |  |
| Report Prepared By: | <Insert Name> |
| Date of Report | /     / |

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# SCOPE OF INVESTIGATION

The scope of this investigation includes an analysis of contributory factors associated with the event in question. During the course of investigation other relevant findings, which may not have directly contributed to the event, have also been duly noted.

# INVESTIGATION TEAM MEMBERS

The following persons were directly engaged in the investigation process:

|  |  |
| --- | --- |
| Name | Position |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# INCIDENT OVERVIEW

Insert an executive summary of the incident, including pictures where available.

# SEQUENCE OF EVENTS

The sequence of events before, during and following this incident are described below:

| Event Sequence | Date | Approx Time | Event Description |
| --- | --- | --- | --- |
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# INCIDENT RISK ASSESSMENT

In accordance with Unitec’s Risk Matrix (refer to Annex 1 Risk Rating Chart), the “Actual” and “Potential” risk ratings for this incident are discussed below:

|  |  |  |
| --- | --- | --- |
| Actual Risk Rating for Incident | | |
| **Consequence** | **Likelihood** | **Risk Level** |
|  |  |  |
| Rationale for Risk Rating: | | |

|  |  |  |
| --- | --- | --- |
| Potential Risk Rating for Incident | | |
| **Consequence** | **Likelihood** | **Risk Level** |
|  |  |  |
| Rationale for Risk Rating: | | |

# CONTRIBUTORY FACTORS

The Incident Cause Analysis Method (ICAM) has been applied to identify the contributory factors of this incident. These findings are described below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation Factors** | **Task/ Environmental Conditions** | **Individual/ Team Actions** | **Absent or Failed Defences** |
|  |  |  |  |

# ROOT CAUSATION

Having reviewed all information available and completed the ICAM, root causation has been identified as:

# GENERAL CONCLUSIONS & KEY LEARNINGS

In light of the investigation finding, summarise the general conclusions and key leanings

# RECOMMENDED CORRECTIVE ACTIONS

The following table outlines the findings from the investigation and corrective actions recommended to prevent the occurrence of similar incidents in the future:

| Investigation Finding | Action Required | Responsibility | Date due for Completion | Responsible Manager Sign-off |
| --- | --- | --- | --- | --- |
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# Report Sign Off

The completion of corrective actions must be documented and communicated by the Responsible Line / Network Manager, to Executive, and in turn to the Health & Safety Manager. Where corrective actions have not been fully implemented, ongoing monitoring should be maintained until implementation is complete.

|  |  |  |
| --- | --- | --- |
| Feedback acceptance – Direct Line Manager | | |
|  | | |
| Name: | Signature: | Date: |
| Head of Practice Pathway / Manager – acceptance of findings and comments | | |
|  | | |
| Name: | Signature: | Date: |
| Health and Safety Manager acceptance of findings and comments | | |
|  | | |
| Name: | Signature: | Date: |
| Dean / General Manager acceptance of findings and comments | | |
|  | | |
| Name: | Signature: | Date: |
| Executive’s acceptance of findings and comments | | |
|  | | |
| Name: | Signature: | Date: |

ANNEX 1: RISK RATING CHART

**Unitec H&S Risk Matrix**

|  |  |  |  |
| --- | --- | --- | --- |
| **SEVERITY (or Consequence):**  **Most likely outcome from the hazard identified, not the absolute worse-case.** | | **LIKELIHOOD:**  **The chance of the consequence given the exposure.**  **Consider:**   1. **Number of people exposed** 2. **The frequency of the exposure (how often)** 3. **Duration of the exposure (how long)** | |
| **5** | **Extreme**: Multiple Fatalities | **5** | **Almost Certain**, Common or repeated occurrence, no risk controls in place |
| **4** | **Major**: Single fatality, extensive injuries, long term illness, or lost time injury (LTI) | **4** | **Likely**, Known to occur. |
| **3** | **Moderate**: Medical treatment required, or restricted or modified duties | **3** | **Possible**, “I’ve heard of it happening” Some risk controls in place. |
| **2** | **Minor**: Superficial or first aid treatment | **2** | **Unlikely**, Not likely to occur, risk controls in place and near effective. |
| **1** | **Insignificant:** No injuries or damage to health. | **1** | **Rare**, Practically impossible effective risk controls in place |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | **Severity** | | | | |
| **Likelihood** | | **1**  **Insignificant** | **2**  **Minor** | **3**  **Moderate** | **4**  **Major** | **5**  **Catastrophic** |
| **5 Almost Certain** | | **Medium**  **(11)** | **Medium**  **(16)** | **High**  **(20)** | **Extreme**  **(23)** | **Extreme**  **(25)** |
| **4 Likely** | | **Medium**  **(7)** | **Medium**  **(12)** | **High**  **(17)** | **High**  **(21)** | **Extreme**  **(24)** |
| **3 Possible** | | **Low**  **(4)** | **Medium**  **(8)** | **Medium**  **(13)** | **High**  **(18)** | **High**  **(22)** |
| **2 Unlikely** | | **Low**  **(2)** | **Low**  **(5)** | **Medium**  **(9)** | **Medium**  **(14)** | **High**  **(19)** |
| **1 Rare** | | **Low**  **(1)** | **Low**  **(3)** | **Low**  **(6)** | **Medium**  **(10)** | **Medium**  **(15)** |
| **Extreme Risk** | Immediate action required to control risk | | | | | |
| **High Risk** | Senior management attention required | | | | | |
| **Medium Risk** | Management responsibility must be specified | | | | | |
| **Low risk** | Manage by routine procedures / Administration Controls / PPE | | | | | |