

Elliott Nash Limited Accident and Dangerous Occurrence Report/Investigation Form (SHE 7)

Department				
Investigator		Report date		Ref/Accident Book No
Investigator's telephone number				
Full address and location of accident	Date of accident		Time of accident	
Work activity involved				
Persons involved/affected				

Section	Revision No	Issue Date	Review Date	Approved
SHE 7		July 11	July 12	Yes/BMP

Description of how accident occurred

Use this space to sketch site if necessary

Attach photographs where necessary

Immediate causes

What unsafe acts or conditions caused the accident?

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Causal agents

What management, human, organisation or job factors caused the accident?

Recommendations to prevent recurrence

Number recommendations

- 1.
- 2.
- 3.
- 4.
- 5.

Investigator's signature		Date	
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Action review

Recommendation action	Priority	Proposed completion	Responsible person	Date complete	Signature
1.					
2.					
3.					
4.					

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