# Investigation of an incident or accident *[enter document number]*

Performed by:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Briefly describe the investigation and its results:  |
| Risk assessment |
| Risks | **Risk assessment** |
|  | Low | Medium | High |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| What measures need to be taken immediately? |
| Actions | Who is responsible? | Completed? | Follow-up |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| What measures need to be taken to prevent the incident/accident from happening again?(long-term measures) |
| Actions | Who is responsible? | Completed? |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Handled by the physical work environment group □No □Yes Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Reported to the Swedish social insurance Agency □No □Yes Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Reported to the Swedish work environment Authority □No □Yes Date:\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Signature head of school | Date |
| Signature safety representative | Date |

The responsible manager must notify the swedish work environment authority without delay about a serious accident or serious incident involving an employee. Registration can be made at www.anmalarbetsskada.se or through the answering service on 010-730 90 00.