**To be completed by OHS coordinators**

(1)Notification to work site Yes……..No………..

Date notified : …………………./……………/…………..

(2) Investigation Required

What is to be investigated ………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………………………….

Person(s) to conduct investigation: …………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………………………….

Date to be completed: ……………../…………../…………

Signature……………………………………………….. Date……………./……………./……………

Investigation report received by OHS coordinator: Date………………../……………./……………/

(3)Follow up action required:

………………………………………………………………………………………………………………………………………………………………….

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Follow up action completed

Signature…………………………………………… Date……………../……………/……………..

Name…………………………………………………

*(Concern designated personals)*

All documents completed and filed on Date……………./………………/…………….

Signature ………………………………………… Date……………./………………/…………….

*(OHS coordinator)*