Incident Investigation Report

INCIDENT BEING INVESTIGATED			
☐**Injury** ☐**Illness** ☐**Property Damage** ☐**Work Refusal** ☐**Violence/Harassment** ☐**Vehicle Collision** ☐**Hazardous Material Exposure** ☐**Environmental Damage** ☐**Fatality** ☐ **PSI**			
*Was the incident reported to OHS? ☐**Yes** ☐**No**			
Incident Date:	mm	dd yyyy	time
Date Incident Reported:	mm	dd yyyy	time
Start of Investigation:	mm	dd yyyy	time
Location of event:		Department:	
EMPLOYEE(S) INVOLVED			
Last Name:		**First Name:**	
Department:		**Employee #:**	
Date of Hire:		☐**full time** ☐**part time** ☐**seasonal** ☐**contracted**	
Name of witness 1:		**Name of witness 2:**	
Contracted Employer Name:		**Company Name:**	
DESCRIPTION OF EVENT Sequence of events in chronological order. Include where it occurred, what the employee was doing, their mental state, description of any equipment, materials or tools involved, environmental conditions, etc.			
DETAILS			
Type of Injury Sustained: ☐**Slip/Trip/Fall** ☐**Foreign Object** ☐**Burn** ☐**Cut** ☐**Strain/Sprain** ☐**Irritation** ☐**Bruising** ☐**Aggravation** ☐ **Other**			
Body Part(s) Affected: ☐**Head** ☐**Eye** ☐**Neck** ☐**Arm** ☐**Hand/Finger** ☐**Torso** ☐**Back** ☐**Pelvis** ☐**Leg** ☐**Foot/Toe** ☐ **Other**			
Type of Incident: ☐**Struck by** ☐**Caught in/on** ☐**Overexertion** ☐**Sprain/Strain** ☐**Pinch** ☐**Struck against** ☐**Hot/Cold** ☐**Crush** ☐ **Other**			
Type of Claim: ☐**First Aid Only** (name of 1st aider: _____) ☐**Medical Aid** ** (hospital/clinic name: _____) ☐**Modified Work**** ☐**Lost Time**** **Has a WCB claim been processed? ☐**Yes** ☐**No**			
First Aid Report Attached: ☐**Yes** ☐**No**		Incident Report Attached: ☐**Yes** ☐**No**	
Property Damage sustained: ☐**Yes** ☐**No** If yes, describe:			
Estimated Cost of damage: $		Estimated cost of repairs/replacement: $	

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DIRECT CAUSES		
Unsafe Acts		
☐Operating without Authority ☐Unsafe Handling ☐Failure to wear PPE ☐Failure to warn ☐Unsafe position/posture ☐Unfit for Duty	☐Working at unsafe speed ☐Horseplay ☐Harassment ☐Violence ☐Improper dress/PPC ☐Safety device removed	☐Using defective tools ☐Using defective equipment ☐Working on moving equipment ☐Unauthorized to operate or service equip. ☐Other, please specify: _____ _____
Unsafe Conditions		
☐Inadequate lighting ☐Improper PPE provided ☐Defective tools/equipment ☐Congested work area ☐Inadequate warning system ☐Poor Housekeeping ☐Missed worksite inspections	☐Improper storage ☐Spill/leak ☐Inhalation hazard ☐Extreme temperatures ☐Excessive Noise ☐Fire/explosion hazard ☐Improper lifting plan	☐Unsafe job design ☐Lack of safe job procedure ☐Hazardous procedure ☐Unsafe equipment ☐Radiation exposure ☐Other, please specify: _____ _____

INDIRECT CAUSES	
Personal Factors	**Job Factors**
☐Inadequate physical capability ☐Inadequate mental capability ☐Pre-existing injury ☐Physical and/or mental stress ☐Lack of knowledge/skill ☐Improper motivation ☐Non-compliance to company rules/procedures ☐No/inadequate safe job procedure(s) ☐Other, please specify: _____	☐New hazard introduced ☐Inadequate leadership/supervision ☐Inadequate equipment or tools ☐Inadequate maintenance ☐Inadequate/no job plan or procedure ☐Equipment malfunction ☐Abuse or misuse of tools/equipment ☐No/inadequate hazard assessment(s) ☐Improper posture/ergonomics ☐Other, please specify: _____

ROOT CAUSES	
☐Lack of worker/supervisor training program ☐Poor purchasing practices ☐Failure to replace/repair equipment ☐Failure to review/update hazard assessment ☐Failure to review/update Safe job procedure ☐Inadequate health or hygiene control ☐Lack of supervisory communication ☐Failure to enforce safety rule or policy ☐Lack of performance evaluations ☐Lack of engineering/change management ☐Failed Leadership	☐Inadequate safety inspection process ☐Poor assignment of workers ☐Failure to consult manufacturer specifications ☐Poor process layout/work flow ☐Lack of barrier or guard ☐Inconsistent recruiting process ☐Failure to adhere to maintenance program ☐Poor emergency preparedness plan ☐Inadequate PPE requirements ☐Failed administration of the H&S system ☐Other, please specify: _____

Date investigation was concluded: mm dd yyyy

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CORRECTIVE ACTIONS Each cause identified requires corrective action.					
#	**Recommended Corrective Action**	**Person Responsible**	**Risk Rating**	**Target Date**	**Completion Date**

Assign a Risk Rating based on the priority of completion. **Low** = minor risk **Med** = moderate risk **High** = extreme risk

Supporting Documents attached for review? ☐ Yes ☐ No

Hazards identified
Were new hazards identified during the investigation? ☐**Yes** ☐**No** If yes, describe:

Investigation Team		
Lead Investigator:	Position:	Signature:
Investigator:	Position:	Signature
HSC Member:	Position:	Signature
Involved Worker:	Position:	Signature
Senior Management Review		
Name:	Position:	Signature:
Comments:		