

"This form is being offered for use and may be used at the Employer's discretion.

NOTE: It is NOT mandatory for the Employer to use this form."

Incident Investigation Report

(To be completed by Supervisor and submitted within 24 hours)

GENERAL INFORMATION

Type:	<input type="checkbox"/> First Aid <input type="checkbox"/> Injury <input type="checkbox"/> Property <input type="checkbox"/> OTHER (explain)		
Parties Involved:			
Report Date		Project Name	
Region / Office		Project Address	
Site Contact		Phone	Cell
Project Manager		Phone	Cell
Superintendent/Foreman		Phone	Cell
Date of Incident		Time:	Shift
Jobsite / Area			
Weather Condition		Lighting Condition	

INJURED / INVOLVED PARTY INFORMATION

Name:	<input type="checkbox"/> Male / <input type="checkbox"/> Female	Date of Birth
Address:		
Home Phone:	Employee Job Title:	
Employer Name:	Supervisor:	
Safety Director Name:	Phone Number:	
Safety Director Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Employer Address:		
Multiple Parties? <input type="checkbox"/> Yes <input type="checkbox"/> No Continue information on separate form.		

INCIDENT DESCRIPTION

How did the incident occur? Describe in detail the activities being performed. Include specifics such as equipment, structure tools, materials, objects (size, shape and weight), people involved in the task, positions, distances, rate of movement, sequence of events, etc. [Please State Facts Only]

PHOTOS: Yes No (Please include photos when possible)

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You should attach a diagram of the incident scene or site layout if it helps better describe the incident

Date:	Prepared By:
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WITNESS INFORMATION

Full Name:	Company:	Phone:
Full Name:	Company:	Phone:
Full Name:	Company:	Phone:
Full Name:	Company:	Phone:

INCIDENT INFORMATION

Describe the nature and extent of injury / illness (body part affected, type of injury, etc):
Was First Aid Administered? <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom:
Was Employee / Third Party transported to Hospital / Clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom:
If Yes, Provider / Hospital Name, address, phone:
Is the employee in a Trade Union? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide Trade & Local
Is Protective Equipment required for this task? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe equipment, if it was used, if it was adequate / functioned properly and if the employee(s) were trained on it.

What PERSONAL BEHAVIOR (S) may have contributed to the incident? (Consider rule compliance, employee / supervisor actions)

<input type="checkbox"/> Lack of Training	<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Horseplay	<input type="checkbox"/> Impairment	<input type="checkbox"/> Awareness
<input type="checkbox"/> Improper Instruction	<input type="checkbox"/> Failure to use PPE	<input type="checkbox"/> Failure to provide proper equipment	<input type="checkbox"/> Failure to secure	<input type="checkbox"/> Failure to lock out/Tag out

What PHYSICAL CONDITIONS (S) may have contributed to the incident? (Consider tools, equipment, work conditions, environ)

<input type="checkbox"/> Guarding (barriers and signage)	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Unsafe Position	<input type="checkbox"/> Defective Tool	<input type="checkbox"/> Defective Material
<input type="checkbox"/> Mechanical Failure	<input type="checkbox"/> Lack of tool guard(s)	<input type="checkbox"/> Wet Conditions	<input type="checkbox"/> Windy	<input type="checkbox"/> Ice/Snow/Sleet
<input type="checkbox"/> Lightning	<input type="checkbox"/> Muddy	<input type="checkbox"/> Overloaded	<input type="checkbox"/> Surface Encumbrances	<input type="checkbox"/> Lighting

ROOT CAUSE ANALYSIS

5 Whys? [W1] Why was the worker injured / Why did the event happen? <i>Click or tap here to enter text.</i>
[W2] Why did W1 happen? <i>Click or tap here to enter text.</i>
[W3] Why did W2 happen? <i>Click or tap here to enter text.</i>
[W4] Why did W3 happen? <i>Click or tap here to enter text.</i>
[W5] Why did W4 happen? <i>Click or tap here to enter text.</i>

CORRECTIVE ACTION(S) TAKEN OR PLANNED

What was/will be done	By Whom	Estimated Completion Date

Date: _____

Prepared By (print): _____

Signature: _____