**Incident Investigation Form**

The purpose of incident investigation is to find facts and not to fix blame. The investigation is to determine what happened, why and to recommend corrective action so it does not happen again. Use this form to investigate all near misses, workplace incidents, property damage, fire and environmental spills. See *Incident Investigation Procedure*.

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| 1. **Event information** | | | | |
| **Date investigation started:**  Click here to enter a date. | **Investigation type:**  Reportable under regulation 2-2 or 2-3 in the OH&S Regulations is defined as a “serious bodily injury” and/or “dangerous occurrence”. These require immediate investigation by the employer and the OHC co-chairs or representative (Regulations 3-18 and 3-20). Notification must be provided as soon as reasonably possible to OH&S Division at 1.800.567.7233  Regulation 3-19 – Prohibition re scene of accident. Unless authorized and except for the purposes of saving life, the scene must be preserved and nothing can be altered or removed. | | | |
| **Risk level:**  See *Incident Investigation Procedure* for the Risk Matrix and the required notifications. | | | | |
| Employee Employment status: ESL:  Contractor Company name: | | | | |
| **Injury/illness:** (Complete WCB forms E1 and W1 when treatment of injuries requires medical aid administered by a physician or registered health care professional)  No injury  First aid  Medical aid  Restricted workday  Lost workday  Fatality | | | | |
| **Worksite location:** | | | **Department/cost centre where incident happened:** | |
| **Date of incident:** Click here to enter a date. | | | **Time:** | |
| **Facility condition:**  Normal  Project work  Routine maintenance  Shutdown maintenance  Upset conditions | | | | |
| **Exact location of incident** (floor no., closest door no., column no., east/west/north/south, equipment no., etc.): | | | | |
| **Description of incident:** (Sequence of events - describe in detail what happened before, during and after the incident. Include where the incident occurred, what the employee was doing at the time, weather conditions, size type and weight of the equipment or materials involved. Be concise. Bullet format is acceptable. Attach additional pages, diagrams and photos as necessary.) | | | | |
| **Has this incident/hazard been previously discussed and/or reported?**  Previous date of hazard report/incident:Click here to enter a date. | | | | |
| **Immediate response to eliminate/reduce hazard:** (Describe short-term actions taken to protect the workers.) | | | | |
| **Names of all witnesses:** | | **Did you get witness statements?** | | **Pictures/diagrams attached?** |

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| 1. **Medical treatment information** | | | | | | | | | | | | | | | | |
| **First-aid response/treatment:** | | | | | | | | | | | | | | | | |
| **Injury recorded in first-aid register:** | | | | | | | | **If attending offsite medical treatment, record the medical facility:** | | | | | | | | |
| 1. **Person directly involved/injured or ill person** | | | | | | | | | | | | | | | | |
| **Last name:** | | | | | | | **First name:** | | | | | | | **Occupation/title:** | | |
| **Years’ service:** | | **Injured worker’s experience in present job:** | | | | | | | | | | | | **Time worked since start of shift:**     Hours    Minutes | | |
| **Reported to (n****ame):** | | | | | | **Reported to (p****osition):** | | | | | | | | **Date reported:** Click here to enter a date.  **Time reported:** | | |
| **Cause of injury:** (Include detail to further define, ex. “Falls” – enter details such as “Fall from ladder, Fall on same level, Fall down stairs,” etc.) | | | | | | | | | | | **Part of body injured:** (Include left/right, both, etc.) | | | | | |
| **Was a medical restrictions form completed and returned?** (If no, describe reason why and follow up.) | | | | | | | | | | | | | | | | |
| **Will this employee be on modified duty?** | | | **Modified duties offered to employee?** | | | | | | | | | **Modified duty description:** (Include any capabilities evaluation.) | | | | |
| 1. **Property damage/loss/fire (if applicable)** | | | | | | | | | | | | | | | | |
| **List all property damage:** | | | | | | | | | | | | | | | | **Estimated c****ost:** |
| **Was there loss of production?** | | | | | | | | | | **Downtime:**    hrs | | | | | | |
| 1. **Environmental/spill information (if applicable)** | | | | | | | | | | | | | | | | |
| **What product(s) were involved?** | | | | | **How much was spilled?**  Litres Gal. | | | | | | | | **SDS attached?** | | **Did** **anything leak to soil, water or sewer?** | |
| **Spill kit u****sed:** | **Spill kit refilled:** | | | **Disposal m****ethod:** | | | | | **Date disposed:**  Click here to enter a date. | | | | | **Reported to:** | | |
| **Incident/spill report filed?** | | |
| **Special waste disposal details (if applicable):** | | | | | | | | | | | | | | | | |

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| 1. **Direct cause** (what led directly to the incident described by struck, fall, trip, caught in or between, contact with, exposure to, etc.) |
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| 1. **Indirect** (those substandard acts, procedures and conditions that set the stage for the incident)and   **root causes** (root cause often explains why substandard acts and conditions were allowed to exist) **(include applicable causes – check only those that apply)** |
| **People** |
| Failure to follow procedure  Removing safety devices  Unsafe work practices  Failure to warn/secure  Improper lifting  Training/experience  Using defective equipment  Failure to use PPE  Mental/physical stress or fatigue  Rushing  Failure to lockout/tag out  Supervision/leadership  Operating without authority  Other (explain): |
| **Material** |
| Inadequate guarding  Inadequate PPE  Defective tools/equipment  Hazardous substances  Machine design  Incorrect tool for task  Substandard materials  Labeling  Engineering/design/purchasing  Equipment failure  Other (explain): |
| **Environment** |
| Noise  Visibility/illumination  Temperature  Toxic gases/fumes/dusts  Chemical/biological  Weather  Ventilation  Walking surface  Time of day/shift/week  Vibration  Awareness of surroundings/changing conditions  Workspace overcrowded/awkward/static  Conditions changed to make normally safe work unsafe  Other (explain): |
| **System** |
| Policies/procedures/plans/written instructions  Standards & specifications  Inspections  Legislation & best practices  Training/orientation  Notices of contravention  Resources allocated to health & safety  Other (explain): |
| **Work process** |
| Work flow design  Controls and safety devices on equipment  New/modified procedures  Work area/housekeeping  Worker selection/work procedures/ergonomics  Maintenance  Lack of control over work pace  Appropriate tools and materials available  Other (explain): |
| **Root cause(s)** |
| Identify all root causes that contributed to the incident. Describe how or why the above causes were allowed to go uncorrected. Root causes are *fundamental flaws,* such as lack of employer’s health and safety management system (e.g., hazard identification, management commitment and administration, leadership training, planned inspections, preventative maintenance, safe work practices and procedures, inadequate previous incident investigation, purchasing controls, emergency preparedness and response, company safety rules and work permitting, worker knowledge and skill training, PPE, communications, hygiene and sanitation, hiring and placement standards, etc). |

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| 1. **Hazard evaluation** | | | | | |
| **Describe current countermeasures (what is currently in place to prevent/control):** | | | | | |
| **Suggested countermeasures (changes to current or additional):** | | | | | |
| 1. **Corrective action** | | | | | |
| Actions taken/required to eliminate the ROOT CAUSE(s) in section G:  **Corrective action (short, intermediate and long term) By when By whom Complete?** | | | | | |
| 1. **Investigator information** | | | | | |
| **Name of Supervisor investigating:** | | **Name of Safety Manager investigating (if applicable):** | | **OHC member investigating (if applicable):** | |
| 1. **Occupational health committee (OHC)/representative review** | | | | | |
| **Copy sent to OHC co-chairs or representative (if no OHC):** **Date sent:** Click here to enter a date. | | | | | |
| 1. **Management review and routing** | | | | | |
| **Title:** | **Team Leader/**  **Lead Hand** | **Supervisor** | **Department Manager** | **Safety Manager** | **General Manager** |
| **Date:** |  |  |  |  |  |
| **Signatures:** |  |  |  |  |  |
| 1. **Photos/Drawings (paste below)** | | | | | |

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* Click on Review Tab
* Click on Restrict Editing
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* At this point the user can add, delete or reorder the list (see example below)
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