**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**
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| **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**
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| **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)**
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| **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**
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| **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**
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| **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
* Click on Stop Protection (bottom right)
* Enter Password *Prevention* and press ok
* Double click on any dropdown list (note all drop down lists start with –select- to indicate a dropdown list exists.
* At this point the user can add, delete or reorder the list (see example below)
* Once edits are complete – click on “Yes, Start Enforcing Protection” and enter the password (use the same or choose a different one) verify by entering twice and press ok. The Template features are now enabled and cannot be changed unless the above procedure is followed

