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| **INCIDENT INVESTIGATION** |
| **Date of incident:** | **Time of incident**: **AM** **PM** | **Location of incident:** |
| **Investigation Completed by: (Check √ all that apply)** |
| * Supervisor
 | * OHC Co-chairs
 |  | Other (Specify) |
| **Type of Incident: (Check √ all that apply):** |
| **Type of incident:** |
| * Near miss
 | * Property/Equipment damage
 | * First-aid injury
 | * Medical-aid injury
 |
| * Dangerous occurrenceRegulations 2-3 & 3-20
 | * Serious accidentRegulations 2-2 & 3-18
 | * FatalityRegulation 2-2, 3-18 & 3-19
 | * Work refusalSEA 3-31
 |
| **Name(s) of Deceased or Injured Worker(s):** |
| **Injury Details (if applicable):** |
| **Witnesses?**  YES  NO |
| If YES, list names below and attach witness statements: |
| **Description of events (Describe in detail and list sequence of events. Attach additional paper if required):** |
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| **Date and who reported incident to LRWS (if applicable):*****Regulations 2-2 & 2-3*** |
| **NOTE: If being sent to LRWS, attach copies of graphics, photographs or other evidence.** |

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| **Incident Investigation Results (Attach additional paper if required)** |
| **Direct cause of incident (What happened immediately before the incident and directly caused the incident)** | **Degree of Risk** |
| **Indirect cause(s) of incident (Substandard acts and conditions that set the stage for the incident)** | **Degree of Risk** |
| **Root cause(s) of incident (The underlying problem(s) that allowed substandard acts and conditions to exist)** | **Degree of Risk** |
| **Corrective actions taken to protect the health and safety of workers** | **Completion Target Date** | **Date Completed** |
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| **Corrective actions taken to prevent the recurrence of incident** | **Completion Target Date** | **Date Completed** |
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**Investigator(s) Name and Signature Management Name and Signature**