Investigation Report

INCIDENT INVESTIGATION #	
INCIDENT: ☐**Injury** ☐**Illness** ☐**Property Damage** ☐**Work Refusal** ☐**Violence/Harassment** ☐**Vehicle Collision** ☐**Hazardous Material Exposure** ☐**Environmental Damage** ☐**Fatality** ☐ **PSI***	
*Was the PSI 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 the incident occurred, what the employee was doing, their mental state, the size, description of any equipment, materials or tools involved, environmental conditions, etc. Indicate whether additional information such as diagrams, photos, reports are attached.

INJURY	
Type of Injury Sustained: ☐**Slip/Trip/Fall** ☐**Foreign Object** ☐**Burn** ☐**Laceration** ☐**Strain/Sprain** ☐**Irritation** ☐**Contusion** ☐**Aggravation**	
Body Part(s) Affected: ☐**Head** ☐**Eye** ☐**Neck** ☐**Arm** ☐**Hand/Finger** ☐**Torso** ☐**Back** ☐**Pelvis** ☐**Leg** ☐**Foot/Toe**	
Type of Incident: ☐**Struck by** ☐**Caught in/on** ☐**Overexertion** ☐**Sprain/Strain** ☐**Pinch** ☐**Struck against** ☐**Hot/Cold**	
Type of Claim: ☐**First Aid Only** ☐**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	
☐Worker(s) training/re-training ☐Purchase new tool(s) ☐Equipment repair/replacement ☐Develop or update Hazard Assessment ☐Develop or update Safe job procedure ☐Health or Hygiene control ☐Modify supervisory communication ☐Revise safety rule or policy ☐Ergonomic assessment/work area changes	☐Improve safety inspection process ☐Reassignment of workers ☐Consult manufacturer/distributer/subject expert ☐Redesign process layout/work flow ☐Install barrier or guard ☐Conduct leadership training ☐Develop/revise maintenance program ☐Develop/revise emergency preparedness plan(s) ☐Revise PPE requirements ☐Other, please specify: _____

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CORRECTIVE ACTIONS Note: each cause identified above requires corrective action					
#	**Recommended Corrective Action**	**Person(s) Responsible**	**Risk Rating**	**Target Date**	**Completion Date**

Documents Reviewed			
Hazard Assessment(s)	☐**Yes**	☐**No**	☐**Attached**
Safe Job Procedure(s)	☐**Yes**	☐**No**	☐**Attached**
Manufacturer's Specs	☐**Yes**	☐**No**	☐**Attached**
Diagrams/Photos	☐**Yes**	☐**No**	☐**Attached**

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:		

Date investigation was concluded: mm dd yyyy