

INCIDENT INVESTIGATION REPORT

Who?	Employee Name: _____ Occupation: _____ Was there a witness to the incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes who? _____									
What?	What happened? <input type="checkbox"/> Near Miss - <i>(Event did not result in injury however if things were slightly different next time it might result in injury).</i> <input type="checkbox"/> No First Aid - <i>(Incident occurred, very minor no First Aid).</i> <input type="checkbox"/> First Aid - <i>(Incident that required First Aid).</i> <input type="checkbox"/> Medical Aid - <i>(Incident resulted in Medical Aid and possibly lost time).</i>									
Where?	Location of where the incident happened: _____									
When?	Date of Incident: _____ Time of Incident: _____									
How?	How did this incident happen? _____ _____ _____ _____ _____ _____									
Why?	Why did this incident happen? <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Worker not wearing PPE</td> <td><input type="checkbox"/> Rushing/taking shortcuts</td> <td><input type="checkbox"/> Building Structure</td> </tr> <tr> <td><input type="checkbox"/> Worker not following procedures</td> <td><input type="checkbox"/> Lack of training procedures</td> <td><input type="checkbox"/> Not qualified</td> </tr> <tr> <td><input type="checkbox"/> Poor housekeeping</td> <td><input type="checkbox"/> Equipment /Tools Defective</td> <td><input type="checkbox"/> Fatigued</td> </tr> </table> Other: _____ _____ _____	<input type="checkbox"/> Worker not wearing PPE	<input type="checkbox"/> Rushing/taking shortcuts	<input type="checkbox"/> Building Structure	<input type="checkbox"/> Worker not following procedures	<input type="checkbox"/> Lack of training procedures	<input type="checkbox"/> Not qualified	<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Equipment /Tools Defective	<input type="checkbox"/> Fatigued
<input type="checkbox"/> Worker not wearing PPE	<input type="checkbox"/> Rushing/taking shortcuts	<input type="checkbox"/> Building Structure								
<input type="checkbox"/> Worker not following procedures	<input type="checkbox"/> Lack of training procedures	<input type="checkbox"/> Not qualified								
<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Equipment /Tools Defective	<input type="checkbox"/> Fatigued								

- Should PPE have been worn during the task being undertaken at the time of the incident? No Yes
- Was it available? No Yes • Was it being worn/used? No Yes
- Type of PPE required: _____

INCIDENT INVESTIGATION REPORT

Corrective Actions

Immediate Corrective Actions to Prevent Recurrence:	Assigned to :	Target date:	CPA#:
Long Term Solutions:	Assigned to :	Target date:	CPA#:

Report Review

Investigation Team	Name	Signature	Date
Worker Co-Chair:		X	
Management-Co-Chair:		X	
Supervisor:		X	
Health and Safety Dept:		X	