**ACCIDENT INVESTIGATION REPORT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Information** | | | | | | | | | | | | |
| Last Name: | | First Name: | | | | | | | | | Middle Initial(s): | |
| Work Phone Number: | | | | | Home Phone Number: | | | | | | | |
| **Employment Information** | | | | | | | | | | | | |
| Site Location: | | | | | Employee #: | | | | | | | |
| Date of Hire: | | | | | Language (If other than English): | | | | | | | |
| Occupation / Job at Time of Incident: | | | | | Length of Time in Occupation / Job:  \_\_\_\_\_\_ Years \_\_\_\_\_\_ Months \_\_\_\_\_\_ Days | | | | | | | |
| Type of Employment (check all which apply):  Full Time  Part Time  Hourly  Salary  Casual | | | | | | | | | | | | |
| **Contractor**  Name of Company: | | | | | | | | | | | | |
| **Details of Investigation** | | | | | | | | | | | | |
| Site: | | Department: | | | | | Exact Location of Incident on the Premises: | | | | | |
| Immediate Supervisor: | | | | | | | | | | | | |
| Incident Date: Month: Day: Year: Time: am [ ] pm [ ] | | | | | | | | | | | | |
| Date Reported: Month: Day: Year: Time: am [ ] pm [ ] | | | | | | | | | | | | |
| Date of Investigation: Month: Day: Year: Time: am [ ] pm [ ] | | | | | | | | | | | | |
| **TYPE**:  Incident  Near Miss  Property Damage  Spill / Release  WCB Report required:  Yes  No WCB Report Completed:  Yes  No | | | | | | | | | | | | |
| **INJURY / ILLNESS**:  None  First Aid  Medical Aid  Hospital  Fatality | | | | | | | | | | No Lost Time  Lost Time | | |
| Part of Body Injured: (Provide a detailed description and specify left or right, front or back) | | | | | | | | | | | | |
| Has the injured worker had a previous similar injury?  Yes  No (If yes, describe in detail) | | | | | | | | | | | | |
| **Medical Treatment Information** | | | | | | | | | | | | |
| Name of First Aid Attendant: | | | | | | | Injury Recorded in First Aid Log?  Yes  No | | | | | |
| Type of First Aid Administered: | | | | | | | | | | | | |
| Clinic / Hospital sent to: | | | | | | | | | | | | |
| Attending Physician / Paramedic (if known): | | | | | | | | | | | | |
| Attending Police Officer (if known): | | | | | | | | | | | | |
| **(B) – Property** | | | | | | | | | | | | |
| Property Damaged: | | | | | | | | Estimated Cost of Damage: $ | | | | |
| Description of Damaged Property: | | | | | | | | | | | | |
| **(C) – Witness Information** | | | | | | | | | | | | |
| Number of Witnesses: \_\_\_\_\_ **ATTACH WITNESS STATEMENT(S) FOR EACH WITNESS** | | | | | | | | | | | | |
| **Investigation Information** | | | | | | | | | | | | |
| **Type of Incident:**   Assault  Break  Caught In  Caught On Caught  Between  Cut On  Exposure  Fall  Over Exertion  Strain  Struck By  Struck Against  Trip  Other (specify): | | | | | | | | | | | | |
| **Contact With:**  Cold  Heat  Electricity  Fire  Noise  Pressure  Equipment  Caustic Chemical (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Toxic Chemical (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| Describe in detail the **SEQUENCE OF EVENTS** leading up to the incident. (ie. Where the incident occurred; what the employee was doing at the time; the size, type and weight of equipment or materials involved; weather conditions, etc.). Use additional pages if required and provide diagrams, photographs and reports. | | | | | | | | | | | | |
| Diagram / Photographs attached  Yes  No  **ALL EVIDENCE / INFORMATION GATHERED FOR INVESTIGATION TEAM ONLY** | | | | | | | | | | | | |
| **Identify all UNSAFE ACTS which contributed to the incident: (check off as many as necessary)** | | | | | | | | | | | | |
| Operating Without Authority | Horseplay | | | | | | | | Servicing Operating Equipment | | | |
| Unsafe Loading / Unloading | Inadequate Lighting | | | | | | | | Using Defective Tools | | | |
| Unsafe Mixing / Combining | Working at Unsafe Speed | | | | | | | | Using Defective Equipment | | | |
| Failure to Wear Proper PPE | Distracting | | | | | | | | Working on Moving Equipment | | | |
| Failure to Warn Properly | Teasing | | | | | | | | Improper Lifting | | | |
| Failure to Secure Properly | Harassment | | | | | | | | Unfit for Duty (possible impairment) | | | |
| Unsafe Position or Posture | Hazardous Personal Attire | | | | | | | | Making Safety Device Inoperable | | | |
| Other (specify): | | | | | | | | | | | | |
| **Identify all UNSAFE CONDITIONS which contributed to the incident: (check off as many as necessary)** | | | | | | | | | | | | |
| Inadequate Guards / Barriers | Gases | | | | | | | | Hazardous Environmental Conditions | | | |
| Improper or Inadequate PPE | Dusts | | | | | | | | Extreme Weather Conditions | | | |
| Inadequate Lighting | Fumes | | | | | | | | Extreme Temperature(s) | | | |
| Unsafe Job Design | Vapours | | | | | | | | Noise Exposure | | | |
| Congested Work Area | Smoke | | | | | | | | Unsafe Mobile Equipment | | | |
| Inadequate Warning Systems | Explosion Hazard | | | | | | | | Defective Tools or Equipment | | | |
| Poor Housekeeping | Fire Hazard | | | | | | | | Defective Materials | | | |
| Other (specify): | | | | | | | | | | | | |
| **Identify all INDIRECT CAUSES which contributed to the incident: (check off as many as necessary)** | | | | | | | | | | | | |
| **Personal Factors** | | | | **Job Factors** | | | | | | | | |
| Inadequate Physical Capability | | | | Inadequate Leadership or Supervision | | | | | | | | |
| Abuse or Misuse of Equipment | | | | Inadequate Engineering Controls | | | | | | | | |
| Physical Stress | | | | Inadequate Purchasing | | | | | | | | |
| Mental Stress | | | | Inadequate Maintenance (scheduled or preventative) | | | | | | | | |
| Lack of Knowledge | | | | Inadequate Tools or Equipment | | | | | | | | |
| Lack of Skill | | | | Inadequate Work Standards | | | | | | | | |
| Improper Motivation | | | | Wear and Tear | | | | | | | | |
| **Identify all ROOT CAUSES which contributed to the incident: (check off as many as necessary)** | | | | | | | | | | | | |
| Management Commitment & Administration | | | | Emergency Preparedness and Response | | | | | | | | |
| Leadership Training | | | | Company Safety Rules and Work Permitting | | | | | | | | |
| Planned Inspections | | | | Worker Knowledge & Skill Training | | | | | | | | |
| Preventive Maintenance | | | | Personal Protective Equipment (PPE) | | | | | | | | |
| Hazard Identification | | | | Personal or Group Communications | | | | | | | | |
| Safe Work Practices and/or Procedures | | | | Hygiene and Sanitation | | | | | | | | |
| Inadequate Previous Incident Investigation | | | | Hiring & Placement Standards | | | | | | | | |
| Purchasing Controls | | | | Other(s); | | | | | | | | |
| **(E) - Prevention**  (Number those actions required to **Prevent Recurrence** of a similar incident, 1 being most critical in order of priority) | | | | | | | | | | | | |
| Training / Retraining of Involved Worker(s) | | | | Improve Safety Inspection Process | | | | | | | | |
| Job Procedure / Design Changes | | | | Reassignment of Involved Worker | | | | | | | | |
| Equipment Repair or Replacement | | | | Liaison with Manufacture of Equipment / Tool | | | | | | | | |
| Perform in-depth Hazard Identification  and Analysis | | | | Facilities Layout Review and Redesign | | | | | | | | |
| Improved Hazard Controls  (engineering / admin. / PPE) | | | | Installation of Safety Guards / Barriers | | | | | | | | |
| Supervisory Communication | | | | Other (specify): | | | | | | | | |
| **Describe Action(s) Taken to Prevent Recurrence (short term and long term)** | | | | | | | | | | | | |
| **Assignment of Action Item(s)** | | | | | | | | | | | | |
| Action item; | | | Responsible; | | | | | | Date of completion; | | | Sign-off; |
| Action item; | | | Responsible; | | | | | | Date of completion; | | | Sign-off; |
| Action item; | | | Responsible; | | | | | | Date of completion; | | | Sign-off; |
| **Investigation Team (First & Last Names)** | | | | | | | | | | | | |
| **Lead Investigator** | | | | | | **Position & Department** | | | | | | |
| **Investigator** | | | | | | **Position & Department** | | | | | | |
| **Investigator** | | | | | | **Position & Department** | | | | | | |
| **Lead Investigator Comments:** | | | | | | | | | | | | |
| **Lead Investigator Name (print): Signature: Date:** | | | | | | | | | | | | |
| **Involved Worker(s) Comments** | | | | | | | | | | | | |
| **Employee Statement Attached** | | | | | | | | | | | | |
| **Employee Name (print): Signature: Date:** | | | | | | | | | | | | |
| **Additional Management Comments** | | | | | | | | | | | | |
| **Manager Name (print): Signature: Date:** | | | | | | | | | | | | |
| **Investigation Number:** | | | | | | | | | | | | |

**Send Completed Report To**:

* Department Manager
* Internal Health & Safety Advisor

[xyz@abcwidget.ca](mailto:xyz@%3ccompany%3e.ca)