**ACCIDENT INVESTIGATION REPORT**

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| **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 / ReleaseWCB 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