

INCIDENT INVESTIGATION SUMMARY REPORT

INDUSTRIAL

CONSTRUCTION

FIRE

EXPLOSION

SPILL

OTHER

EMPLOYER NAME: _____

DEPARTMENT: _____

ADDRESS: _____

INJURY: YES NO

DATE and TIME of INCIDENT: _____

INVESTIGATING
COMMITTEE/SAFETY REPS:

PART I – PARTICULARS

Did the incident involve injury? Yes _____ No _____

If yes,

Name of injured: _____

First Name

Middle

Last Name

Injured Worker's Home Address: _____ Tel#: _____

Injured Worker's Occupation / Job Title: _____

Location of Incident: _____

Supervisor's Name: _____

First Name

Middle

Last Name

Did the incident involve property damage? Yes _____ No _____

If yes, describe:

Was first aid rendered? Yes _____ No _____

If yes, by whom? (If outside emergency assistance was required, provide details)

PART III – EVIDENCE

Sketch of incident scene:

Describe physical evidence collected: _____

Photo/Video Evidence: (List and describe the photos and videos)

PART IV – INCIDENT CAUSATION

What was the DIRECT CAUSE of the incident? (What caused injury or damage?)

What were the INDIRECT CAUSES? (What caused the incident?)

TASK:

WORKER(S):

MATERIAL/EQUIPMENT:

MANAGEMENT:

ENVIRONMENT:

PART V – CORRECTIVE ACTION

Immediate corrective actions to prevent recurrence:

Target Date for corrective action: _____
dd/mm/yy

Long term solutions:

Target Date for corrective action: _____
dd/mm/yy

PART VI – REPORT REVIEW

Signature of Investigator(s): _____

Date report completed: _____
dd/mm/yy

Distribute Report to: _____

Signatures of Co-Chairpersons – Safety and Health Committee/Safety Rep:

Employer Co-Chair / Date Worker Co-Chair / Date