

Injury Information (Select all that apply)

Nature of Injury		
<input type="checkbox"/> Allergies / sensitivities	<input type="checkbox"/> Cut / puncture / open wound	<input type="checkbox"/> Hernia / Rupture
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Infection
<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Electric shock	<input type="checkbox"/> Respiratory conditions
<input type="checkbox"/> Bruise / contusion	<input type="checkbox"/> Foreign body	<input type="checkbox"/> Scratch / abrasion
<input type="checkbox"/> Burn	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprains / strains – joints, muscles
<input type="checkbox"/> Concussion	<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Other occupational injuries

Body Part					
<input type="checkbox"/> Abdomen	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Face	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Neck	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Ankle	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Hand	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Shoulder	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Arm	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Wrist	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Foot	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Back	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Groin	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Mouth / teeth	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Chest	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Head	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Multiple parts	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Ear	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Hip	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Other	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Elbow	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Knee	<input type="checkbox"/> L <input type="checkbox"/> R		
<input type="checkbox"/> Eye	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Leg	<input type="checkbox"/> L <input type="checkbox"/> R		

Agency of Injury		
<input type="checkbox"/> Chemicals	<input type="checkbox"/> Hoisting equipment	<input type="checkbox"/> Pallets
<input type="checkbox"/> Conveyor	<input type="checkbox"/> Ladders	<input type="checkbox"/> Petroleum products
<input type="checkbox"/> Debris / scrap	<input type="checkbox"/> Lumber	<input type="checkbox"/> Power tools
<input type="checkbox"/> Electrical equipment	<input type="checkbox"/> Logs	<input type="checkbox"/> Slivers
<input type="checkbox"/> Fasteners	<input type="checkbox"/> Machine parts	<input type="checkbox"/> Steam
<input type="checkbox"/> Fire / smoke	<input type="checkbox"/> Mobile equipment	<input type="checkbox"/> Work area
<input type="checkbox"/> Hand tools	<input type="checkbox"/> Noise	<input type="checkbox"/> Working surface
<input type="checkbox"/> Heat	<input type="checkbox"/> Office equipment	<input type="checkbox"/> Other

Other

Approvals /Signatures

	<i>Print Name</i>	<i>Signature</i>	<i>Date (D/M/Y)</i>
Investigation Leader			
Investigation Team Members			
Safety Representative			
Immediate Supervisor			
Approved By Manager			

Reference Material:

Incident # & Sequence #: These numbers will be generated by the online system once the hardcopy is entered. You do not need to create an incident / sequence #.

Operation Condition at Time of Occurrence:
Normal: Normal operating process
Maintenance: Breakdown and/or planned maintenance
Upset: An interruption and/or non-routine break in normal operating process

Date of last SWP: Indicates the most recent date the Safe Work Procedure (also known as JSB, JSA) for the job was reviewed and signed off with a supervisor.

Severity Level Questions - Risk Assessment

Severity Index		
1	1 = Level 1 =	Fatality OR Property Damage Exceeding \$500,000
	2 = Level 2 =	Employee Admitted to hospital or probable permanent disability OR property damage between \$100K and 500K
	3 = Level 3 =	Employee not able to perform all of their regular duties OR property damage between \$10K and 100K
	4 = Level 4 =	Employee able to perform all their regular duties OR property damage less than \$10K.

		Probability Index of Occurrence	Example
2	A =	Frequent/Common – Very high probability	D/W/M occurrence
	B =	Occasional – High probability	Every 3 – 4 Months
	C =	Has happened – Mod probability	At least once
	D =	Could happen – Low probability	No incidents occur.
	E =	Practically impossible – Very low probability	Unlikely ever

		Probability				
		A	B	C	D	E
Potential Severity	1	1	1	1	2	3
	2	1	2	2	3	3
	3	2	2	3	3	4
	4	2	3	3	4	4

For page 1, Question 2, mark the number that is indicated on the Probability Grid above.

Site Corrective Actions will be implemented to prevent future occurrence at the site.

System Corrective Actions will be implemented to prevent future occurrence across the company.