

Incident Investigation Form

Date of Incident: _____ Company: _____
Date Reported: _____ Location: _____
Reported By: _____ Type of Job: _____

<input checked="" type="checkbox"/> Category
<input type="checkbox"/> Close Call <input type="checkbox"/> Bodily Injury/Illness <input type="checkbox"/> Lost Time <input type="checkbox"/> Spill <input type="checkbox"/> Fire <input type="checkbox"/> Vehicle incident / damage <input type="checkbox"/> ATV/Snowmobile Incident/Damage <input type="checkbox"/> Equipment Damage <input type="checkbox"/> other:
Notes:
Diagram:
Photos are available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Names/contact info of any individual or witnesses involved in incident / close call:

EACH INVESTIGATION NEEDS TO INCLUDE IMMEDIATE CAUSES TO CORRECT THE IMMEDIATE HAZARDS AND ROOT CAUSES TO PREVENT REOCCURRENCE IN THE FUTURE

Immediate Cause(s)			
<input type="checkbox"/> Failure to follow safe work procedures <input type="checkbox"/> Improper use of equipment/tools/lockout <input type="checkbox"/> Failure to warn or instruct <input type="checkbox"/> Body motions – pushing, pulling repetition <input type="checkbox"/> Improper use of PPE <input type="checkbox"/> Inadequate awareness of surroundings <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Worksite conditions – weather congestion, layout, (circle) <input type="checkbox"/> Other:			
Notes: (Explain each immediate cause identified)			
Describe corrective action(s) to be undertaken for Immediate causes:			
Action	Person Responsible	Due Date	Completion Date

Root Cause(s)
<input type="checkbox"/> Inadequate work planning, engineering, design <input type="checkbox"/> Inadequate policies, procedures <input type="checkbox"/> Inadequate communications <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Inadequate risk/hazard assessment <input type="checkbox"/> Mental, physical stress/fatigue <input type="checkbox"/> Inadequate maintenance/inspections <input type="checkbox"/> Inadequate physical abilities <input type="checkbox"/> Other:
Notes: (Explain each root cause identified)

Describe corrective action(s) to be undertaken for root causes:			
Action	Person Responsible	Due Date	Completion Date
Reviewed By:			
Date:	Name:		
Signature:	Position:		
Notes:			

ALL INTIAL INCIDENT INVESTIGATIONS SHOULD BE COMPLETED WITH 48 HOURS

DOES THE INCIDENT INCLUDE ANY OF THE FOLLOWING: Yes No

- Serious injury to or death of a worker
- Major structural failure or collapse of a building, tower, crane, hoist, temporary construction support system, or excavation
- Major release of a hazardous substance
- Fire or explosion that had a potential for causing serious injury
- Blasting incident causing personal injury
- Dangerous incident involving explosives (even if no one was hurt)

IF YES WORKSAFE BC MUST BE IMMEDIATELY NOTIFIED

WorkSafeBC (1-888-621-7233) After Hours (1-866-922-4357)

DOES THE INCIDENT INCLUDE ANY OF THE FOLLOWING: Yes No

- An incident requiring immediate notification (as listed above)
- A workplace injury requiring medical treatment
- An incident with the potential for causing serious injury
- A diving incident

IF YES, A FULL INVESTIGATION MUST BE SENT TO WORKSAFE BC WITH IN 30 DAYS OF THE INCIDENT DATE.

DOES THE INCIDENT INVOLVE AN INJURY THAT RESULTED IN MEDICAL TREATMENT BY A PHYSICIAN OR INVOLVE LOST TIME OF WORK? Yes No

IF YES, A WORKSAFEBC FORM 7 MUST BE SUBMITTED WITHIN THREE BUSINESS DAYS OF THE INJURY OCCURRING, OR WITHIN THREE BUSINESS DAYS OF YOU BECOMING AWARE OF THE INJURY.

SEND A COPY OF THIS REPORT TO THE PARTY YOU REPORT TO.