

ACCIDENT / INCIDENT INVESTIGATION REPORT

Section 1

Facility or Job site	Department

Exact location of the Accident / Incident	Date of Occurrence	Time	Date reported.

Person reporting Incident	Occupation	Costs if any	Date of report

Names of witness's

Please complete attached witness statement to this report.
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Section 2

General Information

Injured person name	Occupation	Part of body injured	Nature of injury/ illness

Object/ equipment/ substance inflecting	Person with most control of item

Was injured person taken to hospital?	Which Hospital	How was worker transported	Name of those who attended

Section 3

Property Damage

Property Damaged	Estimated costs	Actual costs	Nature of Damage

Section 4 DESCRIPTION OF ACCIDENT / INCIDENT

Describe clearly how the incident occurred:

Attach additional information to this report and label as Section 4.1

Section 5 – Analysis of Causes

Please describe what immediate causes or what substandard acts or conditions contributed directly to this incident.

Attach additional information to this report and label as Section 5.1

Section 6 – Analysis of Causes as listed previously.

What personal factors were basic causes of this incident, please explain.

<p>Attach additional information to this report and label as Section 6.1</p>		Inadequate Capability
		Lack of Knowledge
		Lack of Skill
		Physical or Mental Stress
		Improper Motivation

Section 7 - What Job Factors were basic causes of this incident? Please explain

Attach additional information to this report and label as Section 7.1		Inadequate Engineering
		Inadequate Tools or Equipment
		Inadequate Purchasing
		Wear and Tear
		Contractor Activity
		Improper Work Method or Standard
		Inadequate Direction
		Inadequate Maintenance
		Abuse or Misuse
		Vandalism or Sabotage

Section 8- Evaluation of Potential if not corrected
Section 9 - Probability of Recurrence

<input type="checkbox"/>	Major	<input type="checkbox"/>	Serious	<input type="checkbox"/>	Minor
<input type="checkbox"/>	Frequent	<input type="checkbox"/>	Occasional	<input type="checkbox"/>	Seldom

Section 10 Prevention

Action Plan—What has or should be done to prevent similar loss?

Attach additional information to this report and label as Section 10.1

Name of Investigator _____ Title _____ Date: _____
 Signature _____

Reviewed by: _____ Title _____ Date _____

Copies to: Owner JHSC/ Safety rep. Supervisor
 Injured worker. Health & Safety notice board

Section 11- Witness Statements:

Witness _____ Location at time of incident/ accident _____
Name: _____

Activity at the time of the incident/ accident _____
In the witnesses' own words, describe what was seen and/or heard?

Witness _____ Location at time of incident/ accident _____
Name: _____

Activity at the time of the incident/ accident _____

In the witnesses' own words, describe what was seen and/or heard?.

Witness _____ Location at time of incident/ accident _____
Name: _____

Activity at the time of the incident/ accident _____

In the witnesses' own words, describe what was seen and/or heard?

CRITICAL INJURY CHECK LIST

As part of the Occupational Health and Safety Act, it defines a critical injury means an injury of a serious nature that:

- a) places a life in jeopardy;
- b) produces unconsciousness;
- c) results in a substantial loss of blood;
- d) involves the fracture of a leg or arm but not a finger or toe;
- e) involves the amputation of a leg, arm, hand or foot but not a finger or toe;
- f) consists of burns to a major portion of the body; or
- g) causes the loss of sight in an eye.

If any of the above exist you must do the following:

Task	Date/time	Completed by	Comments
Get the injured worker immediately to the hospital, assign someone to stay with the worker.			
Secure the scene of the accident shut of any equipment; cordon off the area with caution/ fluorescent tape. Do not allow the scene to be disturbed. See note below regarding scene preservation.			
Notify the employer, H& S Coordinator and members of the JHSC.			
JHSC members and the supervisor on duty at the time of the accident must complete a accident investigation.			
Accident investigation must be completed and faxed to the Ministry of Labour within 48 hrs of the accident. Copy to _____			
Complete and send Form 7 to the WSIB within 72 hrs.			
Employee to complete the employee incident form.			
Employee to take Functional Abilities Form to Physician to complete. Send modified work description with employee for Physician to review.			
Complete the return to work with employee.			

Occupational Health and Safety Act Section 51 (2) Where a person is killed or is critically injured at a workplace, no person shall, except for the purpose of,

- (a) saving life or relieving human suffering;
 - (b) maintaining an essential public utility service or a public transportation system;
- or

(c) preventing unnecessary damage to equipment or other property, interfere with, disturb, destroy, alter or carry away any wreckage, article or thing at the scene of or connected with the occurrence until permission so to do has been given by an inspector. R.S.O. 1990, c. O.1, s. 51.

Copy of this form to be sent to: