

INCIDENT INVESTIGATION SUMMARY REPORT

INDUSTRIAL	CONSTRUCTION	SERVICE SECTOR
FIRE	EXPLOSION	SPILL
		OTHER

EMPLOYER NAME: _____

DEPARTMENT: _____

ADDRESS: _____

INJURY: YES NO

DATE and TIME of INCIDENT: _____

[illegible]

PART 1 - PARTICULARS

Did the incident involve injury?	YES	NO

If yes,
name of injured: _____
First name Middle Last name

Injured worker's home address:

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, descibe:		

Was the first aid rendered? If yes, by whom? (if outside emergency assistance was required, provide details)	YES	NO

PART 2 - DESCRIPTION OF INCIDENT

Did the incident involve injury?

PART 3 - EVIDENCE

Sketch of incident scene:

Describe physical evidence collected:

Photo/video evidence: (list and describe the photos and videos)

PART 3 - EVIDENCE (CONT'D)

Persons with information - statement summary:

Name: _____
First name Middle Last name

Date interviewed: _____ Occupation: _____
dd/mm/yy

Did you witness the incident? YES NO

Name of interviewer: _____

Summary of statement

PART 3 - EVIDENCE (CONT'D)

Persons with information - statement summary:

Name: _____
First name Middle Last name

Date interviewed: _____ Occupation: _____
dd/mm/yy

Did you witness the incident? YES NO

Name of interviewer: _____

Summary of statement

PART 4 - 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:

PART 4 - INCIDENT CAUSATION *(CONT'D)*

MANAGEMENT:

ENVIRONMENT:

PART 5 - 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 6 - REPORT OVERVIEW

Signature of investigator(s): _____

Date report completed: _____
dd/mm/yy

Distribute report to: _____

Signatures of co-chairpersons - safety and health committee:

Employer Co-chair Date

Worker Co-chair Date