

Incident investigation report

The Workers Compensation Act requires notice of injury to employee(s) within five business days.

Have completed reports to senior management within 24 hours.

Date of Incident/Near Miss: ____/____/____

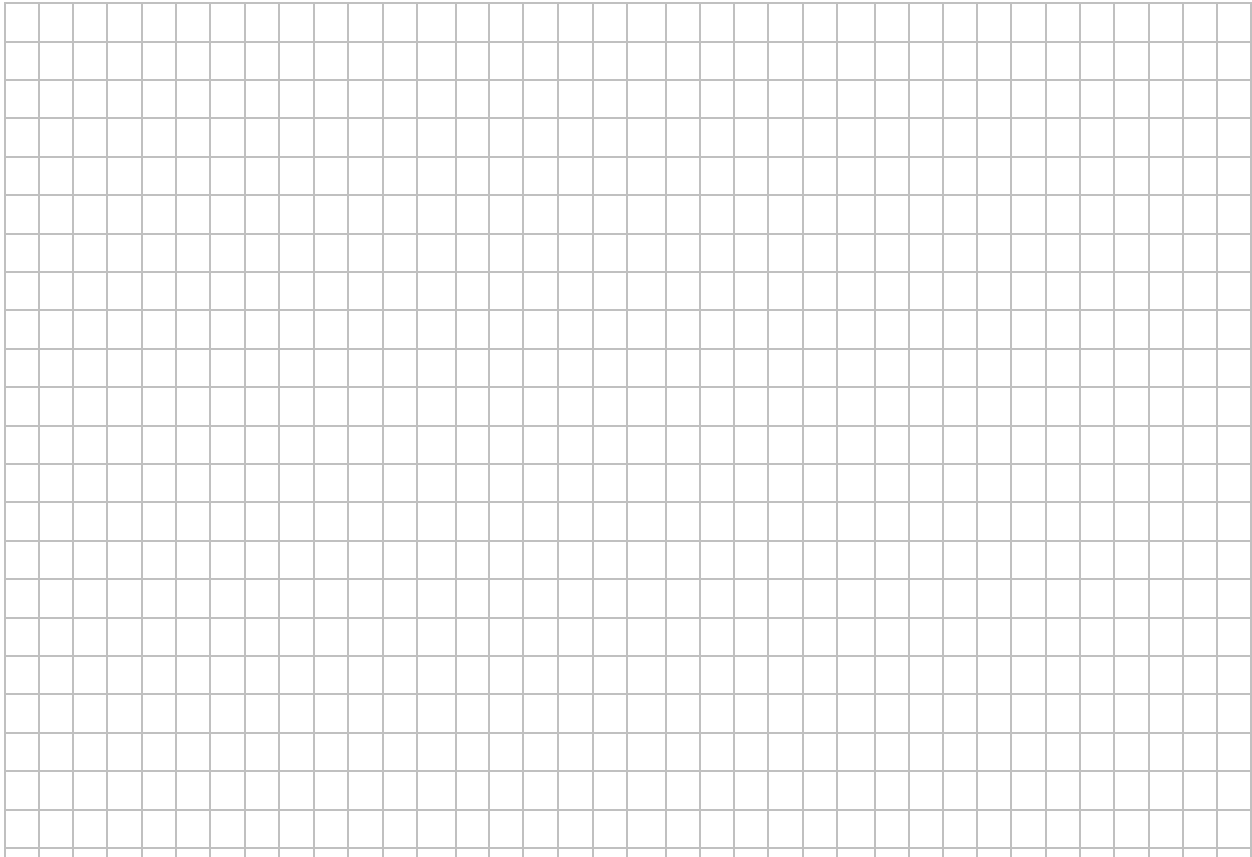
Time: ____/____/____ a.m./p.m.

Date Reported: ____/____/____

Time: ____/____/____ a.m./p.m.

1) Did the incident result in personal injury or hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No To whom?	2) Did the incident involve property or equipment damage? <input type="checkbox"/> Yes <input type="checkbox"/> No To what?
3) Location:	4) Equipment damage:
5) Part of body injured:	6) Immediate supervisor:
7) Nature of injury: _____ _____	
8) What happened to cause the injury and/or damage? (Show drawings or photographs – use reverse for additional details): _____ _____	
9) Recommended action to prevent similar incident/near miss from occurring: _____ _____	
10) Corrective action taken at worksite: _____ _____	
11) What defective or unsafe condition(s) of tools, equipment, machinery, work area contributed to the incident/near miss? _____ _____	
12) Was first aid rendered? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom? _____ If outside emergency assistance was required, provide details: _____ _____	
13) Doctor's name:	14) Medical facility:
15) Severity of injury: <input type="checkbox"/> Minor <input type="checkbox"/> First aid only <input type="checkbox"/> Medical aid <input type="checkbox"/> Lost time <input type="checkbox"/> Fatality	
16) Probability of reoccurrence: <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare	

Diagram of scene
Indicate north with arrow



Witnessed by: _____ Witnessed by: _____		Employed by: _____ Employed by: _____	
Reported by: (print) _____ Signature: _____		Received by: (print) _____ Signature: _____	
Investigator's signature: _____ Supervisor or Manager	_____ WSH Committee	_____ Date Completed	
Senior Management Review			
Further action, recommendations, or comments: _____ _____			
Approved by: _____ Senior Manager		_____ Date	
<input type="checkbox"/> No further action required <input type="checkbox"/> Further consideration <input type="checkbox"/> Further action required			