



# (Appendix B) Incident Investigation Report

Describe the damage or injury (If Near Loss describe potential):
Supervisor responsible for activities at time of incident:

### Investigations

Witnesses to incident but not affected by incident			
Name	Contact Information	Interviewed?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Diagram of incident available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Photographs taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Video taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Audio recorded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**Incident Causes**

<b>Direct Causal Factors</b> (Detail specific energy type and application).	
<b>Immediate Causal Factors</b> (Detail deviation from accepted standard conditions or practices).	
<b>Basic Causal Factors</b> (Detail all management system failures)	<b>Policy/Procedure Ref.</b>

**Corrective/Preventative Action**

Change to induction training	<input type="checkbox"/>	Change to work environment	<input type="checkbox"/>
Change to ongoing training	<input type="checkbox"/>	Equipment/machinery maintenance	<input type="checkbox"/>
Equipment/machinery modifications	<input type="checkbox"/>	Other job redesign	<input type="checkbox"/>
Change to work procedures	<input type="checkbox"/>	Other preventative action	<input type="checkbox"/>
<b>Proposed</b>		<b>Responsibility</b>	<b>Target Completion Date</b>

**Supervisors Comments**

<b>Signature</b>	<b>Date</b>