(Appendix B) Incident Investigation Report

Name of investigator(s):							
Location of Incident:							
WCB Claim			WCB Case #:				
Filed?	│	□No					
Near Loss 🔲	First Aid Injury	Medical Treatment	Lost Time Injury				
3 rd Party/Client □	Stolen Property	Equipment Damage	Property Damage				
Other:			ı.				
Description of Incident							
Describe the activity	ties prior to the incide	ent:					
Describe the activities at the time of the incident:							
Describe the activity	nes at the time of the	mcident.					
Describe the activities after the incident including emergency response:							

(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?							
				☐ Yes	□ No			
				☐ Yes	□ No			
				☐ Yes	□ No			
				☐ Yes	□ No			
				☐ Yes	□ No			
				☐ Yes	□ No			
				☐ Yes	□ No			
				☐ Yes	□ No			
-				-				
Diagram of incident available?	☐ Yes	□ No	Attache	ed? Ses	s □ No			
Photographs taken?	☐ Yes	☐ No	Attached? Yes No					
Video taken?	☐ Yes	☐ No	Attache	ed?	i □ No			
Audio recorded?	☐ Yes	☐ No	Attache	ed? 📗 Yes	i □ No			

(Appendix B) Incident Investigation Report

Incident Causes							
Direct Causal Factors (Detail	specific energy	type and applica	ation).				
Immediate Causal Factors (Detail deviation from accepted standard conditions or practices).							
Basic Causal Factors (Detail all management system failures)				Policy/Procedure Ref.			
Corrective/Preventative Action							
Change to induction training Change to ongoing training Equipment/machinery modification Change to work procedures	ons \square	Change to work environment Equipment/machinery maintenance Other job redesign Other preventative action					
Proposed	5		Ta	rget Completion Date			
Supervisors Comments							