# Incident Investigation Form

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| **Please refer to reference material at the end of this form to assist in filling out required fields.** |
| Incident #: (office use only) | Operating Area | Date of Incident (dd/mm/yyyy) | Time of Incident |
|  |  |  |  |  [ ] AM |  [ ] PM |
| Primary Type of Incident (select one) | Recordability of Injury (select one) |
| [ ]  | Injury | [ ]  | Property Damage / Fire | [ ]  | Close Call | [ ]  | First Aid | [ ]  | Medical Aid | [ ]  | Fatality |
| [ ]  | Close Call | [ ]  | Process Loss | [ ]  | Medical Treatment | [ ]  | Restricted Work | [ ]  | Lost Time |
| Injured/Involved Person(s) Name(s) | Department (if applicable) | Supervisor |
|  |  |  |
| [ ]  | N/A | [ ]  | Employee | Witness(es) |  |
| [ ]  | Visitor | [ ]  | Contractor | Operation Condition at Time of Occurrence (select one only) | [ ]  | Normal | [ ]  | Scheduled Maintenance | [ ]  | Upset |
| Contractor Business Name |  |
| Exact Location of Incident |  |
| Date Reported (D/M/Y) | Date Investigated (D/M/Y) | Date of Last Revision (D/M/Y) | Time in Position |
|  |  |  | Years:  | Months/Days:  |
| Cost Estimate: Property / Equipment Damage | $ |
| Risk Level (use reference material located on the last page of this form) | High 🡪 Low |
| 1 | What was the risk level of this incident? (please choose one) | [ ]  | 1 | [ ]  | 2 | [ ]  | 3 | [ ]  | 4 |
| 2 | What could have been the *potential* severity level? (please choose one) | [ ]  | 1 | [ ]  | 2 | [ ]  | 3 | [ ]  | 4 |
| Cause Analysis |
| Primary Type of Incident (select one) |
| [ ]  | Struck against (running, bumping into) | [ ]  | Contact with (electricity, heat, cold, radiation, caustics, toxics, biological, noise) | [ ]  | Overstress, overpressure, overexertion, ergonomic |
| [ ]  | Struck by (hit by moving object) | [ ]  | Caught in (pinch & nip points) | [ ]  | Violence |
| [ ]  | Fall from elevation to lower level | [ ]  | Caught between / under (crushed or amputated) | [ ]  | Non-specific |
| [ ]  | Fall from same level (slips & fall, trip over) | [ ]  | Environmental release | [ ]  | Other |

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| Incident Description (describe events leading up to, during and post-incident) |
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| Immediate Causes (select and describe *all* that apply) |
| 1 | [ ]  | Failure to follow safe work practices or rules | 9 | [ ]  | Inadequate awareness of surroundings | 17 | [ ]  | Poor housekeeping / disorder |
| 2 | [ ]  | Improper use of equipment / tools | 10 | [ ]  | Improper placement, storage or securement | 18 | [ ]  | Worksite conditions / congestion / visibility |
| 3 | [ ]  | Inadequate grip or hold | 11 | [ ]  | Repetitive motion | 19 | [ ]  | Inadequate warning systems |
| 4 | [ ]  | Improper lifting / pushing / pulling | 12 | [ ]  | Inadequate use of safety devices | 20 | [ ]  | Inadequate / improper protective equipment |
| 5 | [ ]  | Failure to obtain assistance | 13 | [ ]  | Under influence of alcohol and / or drugs | 21 | [ ]  | Inadequate labeling |
| 6 | [ ]  | Failure to warn or instruct | 14 | [ ]  | Weather conditions | 22 | [ ]  | Other – please specify: |
| 7 | [ ]  | Failure to lockout | 15 | [ ]  | Fire / explosion |
| 8 | [ ]  | Failing to use PPE properly | 16 | [ ]  | Absence of guards and / or barriers |
| Description of Immediate Causes (for each item selected above, please describe here): |
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| Root Causes (select and describe *all* that apply) |
| 1 | [ ]  | Inadequate work planning or programming | 7 | [ ]  | Inadequate assessment of needs, risks and / or hazards | 13 | [ ]  | Inadequate change management |
| 2 | [ ]  | Inadequate communication standards | 8 | [ ]  | Inadequate maintenance system | 14 | [ ]  | Inadequate employee skill |
| 3 | [ ]  | Inadequate policy, procedures, practices or guidelines | 9 | [ ]  | Inadequate engineering and / or design | 15 | [ ]  | Fatigue due to lack of rest |
| 4 | [ ]  | Improper performance is rewarded (tolerated) | 10 | [ ]  | Inadequate or lack of inspections | 16 | [ ]  | Mental / physical stress |
| 5 | [ ]  | Inadequate performance feedback | 11 | [ ]  | Inadequate purchasing standards: tools / equipment / materials | 17 | [ ]  | Inadequate physical capability |
| 6 | [ ]  | Supervision / leadership | 12 | [ ]  | Inadequate training standards | 18 | [ ]  | Other – please specify: |
| Description of Root Causes (for each item selected above, please describe here): |
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| Site Corrective Actions (immediate, short term, long term) | By Whom | By When (D/M/Y) | Date Completed (D/M/Y) | Verified by (initial) |
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| System Corrective Actions (immediate, short term, long term) | By Whom | By When (D/M/Y) | Date Completed (D/M/Y) | Verified by (initial) |
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| Injury Information (select *all* that apply) |
| Nature of Injury |
| [ ]  | Allergies / sensitivities | [ ]  | Cut / puncture / open wound | [ ]  | Hernia / rupture |
| [ ]  | Amputation | [ ]  | Dislocation | [ ]  | Infection |
| [ ]  | Asphyxiation | [ ]  | Electric shock | [ ]  | Respiratory conditions |
| [ ]  | Bruise / contusion | [ ]  | Foreign body | [ ]  | Scratch / abrasion |
| [ ]  | Burn | [ ]  | Fracture | [ ]  | Sprains / strains – joints, muscles |
| [ ]  | Concussion | [ ]  | Hearing loss | [ ]  | Other occupational injuries |
| Body Part |
| [ ]  | Abdomen | [ ]  L [ ]  R | [ ]  | Face | [ ]  L [ ]  R | [ ]  |  Neck | [ ]  L [ ]  R |
| [ ]  | Ankle | [ ]  L [ ]  R | [ ]  | Hand | [ ]  L [ ]  R | [ ]  |  Shoulder | [ ]  L [ ]  R |
| [ ]  | Arm | [ ]  L [ ]  R | [ ]  | Wrist | [ ]  L [ ]  R | [ ]  |  Foot | [ ]  L [ ]  R |
| [ ]  | Back | [ ]  L [ ]  R | [ ]  | Groin | [ ]  L [ ]  R | [ ]  |  Mouth / teeth | [ ]  L [ ]  R |
| [ ]  | Chest | [ ]  L [ ]  R | [ ]  | Head | [ ]  L [ ]  R | [ ]  |  Multiple part | [ ]  L [ ]  R |
| [ ]  | Ear | [ ]  L [ ]  R | [ ]  | Hip | [ ]  L [ ]  R | [ ]  |  Other | [ ]  L [ ]  R |
| [ ]  | Elbow | [ ]  L [ ]  R | [ ]  | Knee | [ ]  L [ ]  R |  |
| [ ]  | Eye | [ ]  L [ ]  R | [ ]  | Leg | [ ]  L [ ]  R |  |
| Source of Injury |
| [ ]  | Chemicals | [ ]  | Human | [ ]  | Petroleum products |
| [ ]  | Conveyor | [ ]  | Ladders | [ ]  | Power tools |
| [ ]  | Debris / scrap | [ ]  | Logs | [ ]  | Slivers |
| [ ]  | Electrical equipment | [ ]  | Lumber | [ ]  | Steam |
| [ ]  | Fasteners | [ ]  | Machine parts | [ ]  | Work area |
| [ ]  | Fire / smoke | [ ]  | Mobile equipment | [ ]  | Working surface |
| [ ]  | Hand tools | [ ]  | Noise | [ ]  | Other (provide details below): |
| [ ]  | Heat | [ ]  | Office equipment |  |
| [ ]  | Hoisting equipment | [ ]  | Pallets |  |
| Other |  |
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| Approvals | Print name | Signature | Date (D/M/Y) |
| Investigation leader |  |  |  |
| Investigation team members |  |  |  |
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| Safety committee |  |  |  |
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| Corrective action assignee(s) |  |  |  |
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| Immediate supervisor |  |  |  |
| Approved by manager |  |  |  |

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| Reference Material: |
| Incident # (i.e. 2009-Apr-30-A) | Year | Month  (3 letters) | Day | “A” for first incident of day, “B” for second incident of day etc. |
| YYYY | MMM | DD | A/B/C or D etc. |
| Operation Condition at Time of Occurrence |
| Normal: | Normal operating process |
| Scheduled Maintenance: | Planned and scheduled maintenance |
| Upset: | An interruption and / or non-routine break in normal operating process. Includes unscheduled maintenance |
| Date of last SWP: | Indicates the most recent date the Safe Work Procedures (also known as JSB, JSA) for the job was reviewed and signed off with a supervisor |

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| Security Level Questions – Risk Assessment |
| Risk Level Index |
| 1 |  Level 1  | Fatality OR Property Damage Exceeding $500,000 |
|  Level 2  | Employee admitted to hospital or probably permanent disability OR property damage between $100,000 and $500,000 |
|  Level 3 | Employee not able to perform all regular duties OR property damage between $10,000 and $100,000 |
|  Level 4  | Employee able to perform all regular duties OR property damage less than $10,000 |
| Probability Index of Occurrence | Example |
| 2 | A | Likely to occur immediately |  | Could happen any day |
| B | Probable in time |  | Likely to happen if conditions are repeated |
| C | Possible in time |  | Under the right conditions, the incident might be repeated |
| D | Remotely possible |  | Even under similar conditions, it is unlikely the incident will be repeated |

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|  | Probability of Occurrence |
| Potential Severity |  | A | B | C | D |
| 1 | **1** | **1** | **1** | **2** |
| 2 | **1** | **2** | **2** | **3** |
| 3 | **2** | **2** | **3** | **3** |
| 4 | **2** | **2** | **3** | **4** |
| *For page 1, Question 2, mark the number that is indicated on the Risk Assessment Grid above* |
| **Site Corrective Actions** will be implemented to prevent future occurrence at the site |
| **System Corrective Actions** will be implemented to prevent future occurrences across the company and, if required, throughout industry. |