# 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 | | | | | | | | | | | | | | | |
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|  | | 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. | | | | | | | | |