Type of incident:

|  |  |  |
| --- | --- | --- |
| **О** serious injury  | **О** serious incident | **О** first aid **О** medical aid |
| **О** potentially serious incident | **О** property damage | **О** production loss |
| **О** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Required immediate reporting to Government of Alberta, Occupational Health and Safety **1-866-415-8690 О** YES **О** NO  | Date and time reported:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Worker job title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Time:­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **О** AM **О** PM |
| Incident reported to: **О** first aider **О** supervisor **О** another worker  **О** health & safety committee member **О** health & safety representative **О** other (job title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Location of incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Witness job title: | Were statements taken: |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **О** YES (attached) **О** NO  |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **О** YES (attached) **О** NO  |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **О** YES (attached) **О** NO  |

|  |  |
| --- | --- |
| Report reviewed by:  |  |
| **О** supervisor **О** health & safety committee member **О** health & safety representative**О** employer **О** prime contractor **О** other (job title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ |

|  |  |
| --- | --- |
| Description of incident: | Sketch/diagram/photos attached **О** YES **О** NO  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| Direct cause (action, event or force that is the immediate or primary agent which led to the incident): |
|  |
|  |
|  |
| Indirect cause (did not directly cause the incident but contributed to the outcome): |
|  |
|  |
|  |
| Root cause (the basic conditions that allowed each of the direct/indirect causes to occur): |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| Corrective action taken: | Assigned to: | Completed on: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Witness Statement Template**

|  |
| --- |
| Witness job title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of statement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Where were you when the incident occurred?  |
|  |
|  |
|  |
| Describe what you saw heard, smelled, felt or tasted **immediately before** the incident? |
|  |
|  |
|  |
| Describe what you saw heard, smelled, felt or tasted **during** the incident? |
|  |
|  |
|  |
| Describe what you saw heard, smelled, felt or tasted **immediately after** the incident? |
|  |
|  |
|  |

**Witness Statement Template**

|  |
| --- |
| Draw a sketch of the incident scene to help describe your observations or show where you were. |
|  |
| Any additional comments about the incident? |
|  |
|  |
|  |
|  |
|  |