Incident investigation report (template)

This template is provided for example purposes. **If you choose to use this template, make sure you customize it to your work and work site.**

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| **Date and time of incident:** AM PM |
| **Incident location:** *<Include site address.>* |
| **Date the incident was reported to OHS:** *<Indicate if not applicable.>*  |
| **Other parties involved in the incident:** *<Indicate if not applicable.>*  |
| **Incident category:** <Choose all that apply. Refer to Section 33 of the OHS Act for specifics.>fatality hospitalization crane/derrick/hoist collapse unplanned fire/explosion/flood collapse/failure of structure or building mine or mine site incident (Section 544 of the OHS Code) radiation overexposure potentially serious incident other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Circumstances of injury, illness, incident or worker exposure***<Follow the prompts below to describe the circumstances of the incident. Add or delete sections as needed. Do not include personal information (e.g., names, job titles, details of injury or illness) unless it is necessary and permitted by privacy law.>)* |
| **Sequence of events** *<List what happened, in chronological order. Include visual aids such as sketches or diagrams if those help describe the incident.>* |
| **Work activities** *<Describe how many people were involved and in what capacity: for example, Worker One was doing task A; Worker Two was doing task B; Supervisor was doing task C.>* |
| **Tools, materials, equipment** *<Include any relevant information: for example, condition, maintenance history, date last used, manufacturer’s specifications, safeguards, personal protective equipment.>* |
| **Work site conditions** *<Describe relevant conditions: for example, weather, harmful substances in use, noise, lighting, time of day, confined/restricted space, ergonomics.>* |
| **Organizational factors** *<Describe relevant systemic factors, such as communication methods, training for work site activities, safe work procedures, hazard assessment and control, supervisory requirements. >* |
| **Other circumstances** *<Describe any other circumstances relevant to the incident.>* |
| **Circumstances** | **Corrective action required** | **Assigned to (position)** | **Date completed**  |
| *<List each identified circumstance that contributed to the incident. One per row. Add or delete rows as needed.>* | *<Record “Not applicable” if no action is required.>* |  |  |
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| **Date report completed**: |
| **Date report provided to health and safety committee/representative/workers**: *<Indicate if not applicable.>* |

This form is for example purposes only. Completing this form alone will not necessarily put you in compliance with the legislation. It is important and necessary that you customize this document to meet the unique circumstances of your work site. Further, it is essential that this document is not only completed, but is used, communicated and implemented in accordance with the legislation. Neither the Crown, nor its agents, employees or contractors, will be liable to you for any damages, direct or indirect, arising out of your use of this form.