

## INCIDENT INVESTIGATION REPORT

|   |  |   |                           |                       |
|---|--|---|---------------------------|-----------------------|
| <b>To be completed by: SUPERVISOR or SAFETY COORDINATOR</b> |  | Date of Incident                                      | Date Reported             | Date of Investigation |
| PROJECT   | INCIDENT NUMBER<br><small>(assigned by corporate office)</small> | Time of Incident                                      | Time Reported and to whom | Date Submitted        |
| TYPE OF INCIDENT  |  | DESCRIPTION OF INJURY, LOSS, POTENTIAL LOSS OR HAZARD |                           |                       |
| Multiple Selections Possible                                |  |   |                           |                       |
| INJURY  | PROPERTY DAMAGE  |   |                           |                       |
| FIRST AID   | ENVIRONMENT  |   |                           |                       |
| MEDICAL AID   | EQUIPMENT  |   |                           |                       |
| LOST TIME   | MATERIAL   |   |                           |                       |
| OCCUPATIONAL ILLNESS  | OTHER  |   |                           |                       |

LOCATION OF OCCURRENCE

|                |             |                                  |
|----------------|-------------|----------------------------------|
| EMPLOYEE NAME: | OCCUPATION: | YRS OF EXPERIENCE IN OCCUPATION: |
|----------------|-------------|----------------------------------|

DESCRIBE THE INCIDENT: HOW DID THE IMMEDIATE/DIRECT CAUSE(S) CONTRIBUTE TO THE INCIDENT? Include what the person(s) was doing or trying to do and anything unusual, identifying all contributing factors. Attach photographs if possible.

**WITNESS NAME:** \_\_\_\_\_

**WITNESS NAME:** \_\_\_\_\_

Identify the substandard act(s) and condition(s) that caused or could have caused this incident.

For each item that applies put an X in the box to the left. Explain your selections in the space below.

**Substandard Acts**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Operating equipment without authority                 |
| <input type="checkbox"/> | Failure to warn                                       |
| <input type="checkbox"/> | Failure to secure/make safe                           |
| <input type="checkbox"/> | Operating at improper speed                           |
| <input type="checkbox"/> | Making safety devices inoperable                      |
| <input type="checkbox"/> | Removing safety devices                               |
| <input type="checkbox"/> | Using defective equipment                             |
| <input type="checkbox"/> | Using equipment improperly                            |
| <input type="checkbox"/> | Failure to use personal protective equipment properly |
| <input type="checkbox"/> | Improper loading                                      |
| <input type="checkbox"/> | Improper placement                                    |
| <input type="checkbox"/> | Improper lifting                                      |
| <input type="checkbox"/> | Improper position for the task                        |
| <input type="checkbox"/> | Servicing equipment in operation                      |
| <input type="checkbox"/> | Horseplay   |
| <input type="checkbox"/> | Other _____   |

**Substandard Conditions**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Inadequate guards or barriers   |
| <input type="checkbox"/> | Inadequate ground support   |
| <input type="checkbox"/> | Inadequate/improper protective equipment                              |
| <input type="checkbox"/> | Defective tools, equipment or materials                               |
| <input type="checkbox"/> | Congested or restricted action  |
| <input type="checkbox"/> | Inadequate warning system   |
| <input type="checkbox"/> | Fire and explosion hazard   |
| <input type="checkbox"/> | Substandard housekeeping  |
| <input type="checkbox"/> | Hazardous environmental conditions gases, ducts, smoke, fumes, vapors |
| <input type="checkbox"/> | Noise exposure  |
| <input type="checkbox"/> | Radiation exposure  |
| <input type="checkbox"/> | High or low temperature exposures                                     |
| <input type="checkbox"/> | Inadequate or excessive illumination                                  |
| <input type="checkbox"/> | Inadequate ventilation  |
| <input type="checkbox"/> | Ground / floor conditions   |
| <input type="checkbox"/> | Other _____   |

