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| **Workplace incident report** |

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| INVESTIGATIVE TEAM |
| **Name** | **Position** | **Role** |
|  |  | *Employer representative* |
|  |  | *Worker representative*  |
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| INCIDENT DETAILS |
| Date of incident: |  |
| Time of incident: |  |
| Location of incident: |  |

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| TYPE OF OCCURANCE |
| **Type** | **Yes** | **Type** | **Yes** |
| Death of a worker |[ ]  Minor injury or no injury but with potential for serious injury |[ ]
| Serious injury to worker\* |[ ]  Injury requiring medical treatment beyond first aid (Physician ER) |[ ]
| Major structural failure or collapse |[ ]   |[ ]
| Incident of fire or explosion with potential for serious injury |[ ]   |[ ]

\*Serious injury = Life threatening, traumatic injury, loss of consciousness, permanent change

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| DESCRIPTION OF INCIDENT |
| *What happened? Describe the environmental/surrounding conditions; activities taking place in the**space; availability, use and functionality of necessary equipment.* |

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| **CONTRIBUTING FACTORS AND/OR DIRECT CAUSES** |

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| ENVIRONMENT RELATED CAUSES |
| [ ]  Variations in floor surface | [ ]  Working alone |
| [ ]  Wet/slippery | [ ]  Inadequate security equipment/measures |
| [ ]  Personal Protective Equipment not sufficient | [ ]  Limited space |
| [ ]  Noise | [ ]  Lighting |
| [ ]  Other (specify):  |

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| ORGANIZATIONAL RELATED CAUSES |
| [ ]  Excessive workload | [ ]  Inadequate job/skill training |
| [ ]  High staff turnover | [ ]  Inadequate Staffing |
| [ ]  Poor communication | [ ]  Inadequate/unavailable standard operating procedures |
| [ ]  Other (specify): |

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| EQUIPMENT RELATED CAUSES |
| [ ]  Inadequate signage/labeling | [ ]  Defective equipment |
| [ ]  Inadequate/unavailable equipment | [ ]  Preventative maintenance/inspections inadequate |
| [ ]  Material/equipment failure | [ ]  Incorrect equipment |
| [ ]  Other (specify): |

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| HUMAN RELATED CAUSES |
| [ ]  Knowledge/skill/experience lacking | [ ]  Illness |
| [ ]  Pre-existing condition | [ ]  Violent behaviour |
| [ ]  Fatigue | [ ]  Physical limitations (reach, height, etc.) |
| [ ]  Other (specify): |

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| DETERMINATION OF CAUSES OF INCIDENT |
| *Why did the event occur?* |

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| CORRECTIVE ACTION |
| *How can a reoccurrence be prevented?* |

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| CORRECTIVE ACTION PLAN |
| Action(Description of action required to prevent reoccurrence of incident) | Assigned to: (position of the person performing the action) | Expected completion date | Completion date |
|  |  | Enter a date. | Enter a date. |
|  |  | Enter a date. | Enter a date. |
|  |  | Enter a date. | Enter a date. |
|  |  | Enter a date.. | Enter a date. |
|  |  | Enter a date. | Enter a date.. |