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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.. |