**The purpose of Incident Investigations is to find facts and not to fix blame.**

**The investigation is to determine what happened and why, and recommend corrective actions so it does not happen again. This form is to be used to investigate all near misses, workplace accidents, property damage, fire and environmental spills. See *Incident Investigations Procedure.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. EVENT INFORMATION** | | | | | |
| |  |  |  | | --- | --- | --- | | Date Investigation Started: | Investigation Type:  **Reportable under Regulation 8 or 9 in the OH&S Regulations defined as a “Serious Bodily Injury” and/or “Dangerous Occurrence”. These require immediate investigation by the Employer and the OHC Co-Chairs/Representative (Regulation 29 and 31). Notification must be provided as soon as reasonably possible to the Division/OH&S Officer at 1-800-667-5023 (Saskatoon) or 1-800-567-7233 (Regina). Regulation 30 – Prohibition re scene of accident - Unless authorized and except for the purposes of saving life the scene must be preserved and nothing can be altered or removed.** |  | | | | | | |
| Severity Level:  **(See Incident Investigation Procedure for the Severity Rating Table and the Required Notifications)** | | | | | |
| Employee Employment Status: ESL:       Contractor (include Company Name): | | | | | |
| Injury/Illness: (**WCB Forms E1 and W1 must be completed when treatment of injuries requires Medical Aid administered by a Physician or Registered Health Care Professional)**  No Injury First Aid  Medical Aid Restricted Workday Lost Workday Fatality | | | | | |
| Worksite Location: | Department/Cost Centre where incident happened: | | Date of Incident: | | Time: |
| Facility Condition:  Normal Project Work Routine Maintenance Shutdown Maintenance Upset Conditions | | | | | |
| Exact Location of Incident (Floor#, Closest Door #, Column #, East West/North/South, Equipment #, etc.): | | | | | |
| Description of Accident/Incident (Sequence of events – describe in detail what happened before, during and after the incident. Include where the incident occurred, what the employee was doing at the time, weather conditions, size type and weight of the equipment or materials involved. Be concise, bullet format is acceptable. Attach additional pages, diagrams and photos as necessary): | | | | | |
| Has this incident/hazard been previously discussed and/or reported? Previous Date of Hazard Report/ Incident: | | | | | |
| Immediate Response to eliminate/reduce hazard (Describe short term actions taken to protect the workers): | | | | | |
| Names of all Witnesses: | | Did you get Witness Statements? | | Pictures / Diagrams attached? | |

|  |
| --- |
| **MEDICAL TREATMENT INFORMATION** |
| First Aid Response / Treatment : Injury recorded in First Aid Register: If attending offsite medical treatment – record the medical facility: |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B. INJURED or ILL PERSON / PERSON DIRECTLY INVOLVED** | | | | | | | | | | |
| Last Name: | First Name: | | | Occupation/Title: | Years’ Service: | | Injured Employee’s experience in present job: | | | Time worked since start of shift:     Hours /    Minutes |
| Reported to (Name): | | | Reported to (Position): | | | Date and time Reported:        Time: | | | | |
| Cause of Injury (include detail to further define, ex. “Falls” Enter details such as “ Fall from Ladder, Fall on same level, Fall down stairs”): | | | | | | | | | **Part of Body Injured (include left/right, both, etc.)** | |
| Was a Medical Restrictions Form Completed and Returned?: If not, describe reason why and follow up: | | | | | | | | | | |
| Will this employee be on Modified Duty? | | Modified Duties been offered to Employee? | | | | | | Modified Duty Description (include any capabilities evaluation): | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **C. PROPERTY DAMAGE / LOSS/ FIRE (if applicable)** | | | |
| List all Property Damage: | Estimated Cost: | Was there Loss of Production? | Downtime (Hours): |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D. ENVIRONMENTAL / SPILL INFORMATION (if applicable)** | | | | | | | |
| What product(s) were involved? | | | How much was spilled?:         Liters Gal. | | Material Safety Data Sheet  Attached? | | Did anything leak to soil or sewer: |
| Spill Kit Used?: | Spill Kit Refilled: | Disposal Method: | | Date Disposed: | | **Reported to :**   Incident Report (Spill) Report Filed? | |
| Special Waste Disposal Details (If applicable): | | | | | | | |
|  | | | | | | | |
| **E. DIRECT CAUSE (***what led directly to the accident described by struck by, fall, trip, caught in or between, contact with, exposure to, etc.)* | | | | | | | |
|  | | | | | | | |

|  |
| --- |
| **F. INDIRECT** (*those substandard acts, procedures and conditions that set the stage for the accident)*  **& ROOT CAUSES (***root cause often explain why substandard acts and conditions were allowed to exist)*  **(include applicable causes – check only those that apply)** |
| **PEOPLE** |
| Failure to follow procedure  Removing Safety Devices  Unsafe Work Practices  Failure to warn / secure  Improper Lifting  Training/Experience  Using defective equipment  Failure to use PPE  Rushing  Mental/Physical Stress or Fatigue  Failure to Lockout/Tag out  Supervision/Leadership  Operating without authority  Other (Explain): |
| **MATERIAL** |
| Inadequate Guarding  Inadequate PPE  Defective Tools / Equipment  Engineering/Design/Purchasing  Hazardous substances  Labeling  Substandard Materials  Equipment Failure  Machine Design  Right tool for task  Other (Explain) |
| **ENVIRONMENT**  Noise  Visibility/Illumination  Temperature  Awareness of surroundings/ changing conditions  Workspace overcrowded/awkward/static  Toxic gases, fumes, dusts  Chemical/Biological  Conditions changed to make normally safe work unsafe  Time of day/shift/week  Weather  Ventilation  Walking Surfaces  Vibration  Other (Explain): |
| **SYSTEM** |
| Policies/Procedures/Plans/Written Instructions  Standards & Specifications  Legislation & Best Practices  Inadequate Training/Orientation  Resources allocated to Health & Safety  Notices of Contravention  Lack of Inspections  Other (Explain): |
| **WORK PROCESS**  Work Flow Design Worker selection, work procedures, ergonomics Lack of Control over Work Pace Controls and Safety Devices on Equipment  Appropriate tools and materials available Work Area/Housekeeping  Maintenance  New/modified Procedures  Other (Explain): |
| ROOT CAUSE(S) (Identify all Root Causes which contributed to the incident. Describe how or why the above causes were allowed to go uncorrected. Root causes are *fundamental flaws such as lack of employer’s health and safety management system*) such as Hazard Identification, Management Commitment & Administration, Leadership Training, Planned Inspections, Preventative Maintenance, Safe Work Practices and Procedures, Inadequate Previous Incident Investigation, Purchasing Controls, Emergency Preparedness and Response, Company Safety Rules and Work Permitting, Worker Knowledge & Skill Training, Personal Protective Equipment, Communications, Hygiene and Sanitation, Hiring and Placement Standards. |

|  |
| --- |
| **G. HAZARD EVALUATION** |
| Describe Current Countermeasures (what is currently in place to prevent/control): |
| Suggested Countermeasures (Changes to current, or additional): |

|  |
| --- |
| **H. CORRECTIVE ACTION** |
| Actions Taken / Required to eliminate ROOT CAUSE in section F:   |  |  |  |  | | --- | --- | --- | --- | | Corrective Action (short, intermediate, and long term) | By When | By Who | Complete? | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

|  |  |  |
| --- | --- | --- |
| **I. INVESTIGATOR INFORMATION** | | |
| Name of Supervisor investigating: | Name of Safety Officer investigating (If applicable): | HSE Committee Member investigating (If applicable): |

|  |
| --- |
| **J. OCCUPATIONAL HEALTH COMMITTEE/REPRESENTATIVE REVIEW** |
| Copy Forwarded to the Occupational Health Committee Co-Chairs/Representative : Date Forwarded: |

|  |
| --- |
| **K. MANAGEMENT REVIEW & ROUTING** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Title: | Team Leader/Lead Hand | Supervisor | Department Manager | Safety Manager | Plant Manager | | Date: |  |  |  |  |  | | Signature |  |  |  |  |  | |

|  |
| --- |
| **L. PHOTOS / DRAWINGS (paste below)** |