

Incident Investigation Form

Use this form to record the investigation of a workplace incident or near miss. Complete it as a team, including a worker representative. Type directly into the fields or print it and fill it in by hand. Guide:

calgarysafetyconsultants.ca/safety-guides/incidents/incident-investigation/

A. INCIDENT DETAILS

DATE OF INCIDENT	TIME	DATE REPORTED	REPORT OR FILE NO.

EXACT LOCATION (SITE, AREA, EQUIPMENT)	DEPARTMENT OR CREW

TYPE OF EVENT (CHECK ALL THAT APPLY)

- ☐ Injury ☐ Occupational illness ☐ Near miss ☐ Property or equipment damage ☐ Dangerous occurrence
☐ Spill or release ☐ Fire or explosion
☐ Other:

WORST CREDIBLE OUTCOME (POTENTIAL, NOT JUST ACTUAL)

- ☐ Minor ☐ Serious ☐ Critical or fatal

REPORTING AND SCENE

- ☐ Reportable to the OHS regulator ☐ Reported to the regulator ☐ Workers' compensation report made
☐ Scene preserved until released

REGULATOR REPORT: DATE, TIME AND REFERENCE	COMMITTEE OR REPRESENTATIVE NOTIFIED (DATE)

B. PEOPLE INVOLVED

NAME	ROLE OR JOB	INJURED? (NATURE OF INJURY)	TREATMENT

C. IMMEDIATE ACTIONS TAKEN

FIRST AID, HAZARD CONTROL, WORK STOPPED, AREA ISOLATED (WHAT WAS DONE, BY WHOM, WHEN)

D. INVESTIGATION TEAM

NAME	ROLE ON THE TEAM	DATE
	Lead investigator	
	Worker representative or committee member	
	Supervisor of the area	
	Technical person or manager	

E. WHAT HAPPENED
FACTUAL DESCRIPTION OF THE INCIDENT (WHO, WHAT, WHERE, WHEN; NO CONCLUSIONS YET)**F. EVIDENCE COLLECTED**

- ☐ Photographs
 ☐ Sketch or diagram
 ☐ Measurements
 ☐ Equipment or parts kept
☐ Witness statements
 ☐ JHA, FLHA or permit
 ☐ Procedures
 ☐ Training records
☐ Inspection or maintenance records
 ☐ Video or data logs
 ☐ Previous incidents or near misses

G. WITNESSES

NAME	CONTACT	INTERVIEWED BY	DATE

H. TIMELINE
EVENTS, DECISIONS AND CONDITIONS IN ORDER, STARTING WELL BEFORE THE INCIDENT (TIME, WHAT HAPPENED, SOURCE)

I. CONTRIBUTING FACTORS

- ☐ Task or procedure ☐ Equipment, tools or materials ☐ Work environment
☐ People: training, fatigue, workload ☐ Supervision ☐ Planning, scheduling or resources
☐ Hazard assessment ☐ Communication ☐ Contractors or other employers

J. CAUSES
IMMEDIATE CAUSES: THE UNSAFE ACTS AND CONDITIONS AT THE MOMENT OF THE INCIDENT**UNDERLYING CAUSES: WHY THOSE ACTS AND CONDITIONS EXISTED****ROOT CAUSES: WHY THE UNDERLYING CAUSES WEREN'T CAUGHT AND CORRECTED (MANAGEMENT SYSTEM)****K. CORRECTIVE ACTIONS**

ACTION	CAUSE IT ADDRESSES	CONTROL LEVEL	OWNER	PRIORITY	DUE

Control level: elimination, substitution, engineering, administrative or PPE. Priority: A critical, B serious, C minor. Track every action in your corrective action log and verify it before closing.

L. REPORT, SHARE AND SIGN OFF

- ☐ Copy to committee or representative ☐ Copy to regulator (if required)
☐ Lessons shared with workers (no names) ☐ All corrective actions verified and closed

LEAD INVESTIGATOR**WORKER REPRESENTATIVE****MANAGER**

Name, signature and date in each box.

General information, not legal advice. Reporting, investigation, report content and record retention requirements differ between provinces, territories and federally regulated workplaces. Confirm the requirements that apply to your workplace and adapt this form to them.