



INJURY/INCIDENT INVESTIGATION REPORT

IDENTIFYING INFORMATION	1. Company		2. Department		
	3. Location of incident		4. Date of incident	5. Time (am/pm)	6. Date of report
IDENTIFYING INFORMATION	Injury or illness		Property damage		Other incidents
	7. Injured's name		13. Property damage		16. Nature of incident
	8. Part of body	9. Days lost	14. Nature of damage		17. Incident cost, if applicable
	10. Nature of injury or illness		15. Cost (estimated/actual)		18. Person reporting incident
	11. Occupation	12. Time on task			19. Object/equipment/substance inflicting harm
					20. Person with most control of item
	21. Type of contact <input type="checkbox"/> struck against <input type="checkbox"/> caught on <input type="checkbox"/> fall on same level <input type="checkbox"/> electricity <input type="checkbox"/> caustics <input type="checkbox"/> struck by <input type="checkbox"/> caught between <input type="checkbox"/> fall to lower level <input type="checkbox"/> heat <input type="checkbox"/> noise <input type="checkbox"/> caught in <input type="checkbox"/> slip <input type="checkbox"/> overexertion <input type="checkbox"/> cold <input type="checkbox"/> toxic or noxious substances <input type="checkbox"/> radiation				
RISK	Evaluation of loss Potential if not corrected <input type="checkbox"/> severe <input type="checkbox"/> serious <input type="checkbox"/> minimal		22. Loss severity potential		23. Probability of recurrence <input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low
DESCRIPTION	24. Describe how the event occurred.				
CAUSE ANALYSIS	25. Immediate causes, what substandard actions and conditions caused or could cause the event? Check on back (25A), explain here.		26. Basic causes, what specific personal or job factors caused or could cause this event? Check on back (26A), explain here.		



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INCIDENT NEEDS	<p>25A. Immediate causes (check all that apply)</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Substandard Actions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Failure to warn <input type="checkbox"/> Failure to secure <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"/> Failing to use personal protective equipment <input type="checkbox"/> properly <input type="checkbox"/> Improper loading <input type="checkbox"/> Improper placement <input type="checkbox"/> Improper lifting <input type="checkbox"/> Improper position for task <input type="checkbox"/> Servicing equipment in operation <input type="checkbox"/> Horseplay <input type="checkbox"/> Under influence of alcohol and/or other drugs </td> <td style="width: 50%; vertical-align: top;"> <p>Substandard Conditions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Inadequate or improper protective equipment <input type="checkbox"/> Defective tools, equipment or materials <input type="checkbox"/> Congestion or restricted action <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Fire and explosion hazards <input type="checkbox"/> Poor housekeeping/disorder <input type="checkbox"/> Hazardous environmental conditions: <input type="checkbox"/> gases, dusts, smoke, fumes, vapours <input type="checkbox"/> Noise exposure <input type="checkbox"/> Radiation exposure <input type="checkbox"/> High or low temperature exposure <input type="checkbox"/> Inadequate or excess illumination <input type="checkbox"/> Inadequate ventilation </td> </tr> </table>	<p>Substandard Actions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Failure to warn <input type="checkbox"/> Failure to secure <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"/> Failing to use personal protective equipment <input type="checkbox"/> properly <input type="checkbox"/> Improper loading <input type="checkbox"/> Improper placement <input type="checkbox"/> Improper lifting <input type="checkbox"/> Improper position for task <input type="checkbox"/> Servicing equipment in operation <input type="checkbox"/> Horseplay <input type="checkbox"/> Under influence of alcohol and/or other drugs 	<p>Substandard Conditions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Inadequate or improper protective equipment <input type="checkbox"/> Defective tools, equipment or materials <input type="checkbox"/> Congestion or restricted action <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Fire and explosion hazards <input type="checkbox"/> Poor housekeeping/disorder <input type="checkbox"/> Hazardous environmental conditions: <input type="checkbox"/> gases, dusts, smoke, fumes, vapours <input type="checkbox"/> Noise exposure <input type="checkbox"/> Radiation exposure <input type="checkbox"/> High or low temperature exposure <input type="checkbox"/> Inadequate or excess illumination <input type="checkbox"/> Inadequate ventilation 	<p>26A. Basic causes (check all that)</p> <p>Personal Factors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate capability <input type="checkbox"/> Lack of knowledge <input type="checkbox"/> Lack of skill <input type="checkbox"/> Stress <input type="checkbox"/> Improper motivation <p>Job Factors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate leadership/supervision <input type="checkbox"/> Inadequate engineering <input type="checkbox"/> Inadequate purchasing <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate tools/equipment/materials <input type="checkbox"/> Inadequate work standards <input type="checkbox"/> Wear and tear <input type="checkbox"/> Abuse and misuse
<p>Substandard Actions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Failure to warn <input type="checkbox"/> Failure to secure <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"/> Failing to use personal protective equipment <input type="checkbox"/> properly <input type="checkbox"/> Improper loading <input type="checkbox"/> Improper placement <input type="checkbox"/> Improper lifting <input type="checkbox"/> Improper position for task <input type="checkbox"/> Servicing equipment in operation <input type="checkbox"/> Horseplay <input type="checkbox"/> Under influence of alcohol and/or other drugs 	<p>Substandard Conditions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Inadequate or improper protective equipment <input type="checkbox"/> Defective tools, equipment or materials <input type="checkbox"/> Congestion or restricted action <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Fire and explosion hazards <input type="checkbox"/> Poor housekeeping/disorder <input type="checkbox"/> Hazardous environmental conditions: <input type="checkbox"/> gases, dusts, smoke, fumes, vapours <input type="checkbox"/> Noise exposure <input type="checkbox"/> Radiation exposure <input type="checkbox"/> High or low temperature exposure <input type="checkbox"/> Inadequate or excess illumination <input type="checkbox"/> Inadequate ventilation 			

| **CONTROLS** | 27. Management control (check all that apply) | | P | S | C | | P | S | C | |--|--------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------| | 1. Leadership and administration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Personal protective equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 2. Leadership training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Health and hygiene control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 3. Planned inspections and maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. System evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 4. Critical task analysis and procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Engineering and change management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 5. Accident/incident investigation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Personal communications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 6. Task observation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Group communications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 7. Emergency preparedness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. General promotion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 8. Rules and work permits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Hiring and placement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 9. Accident/incident analysis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Materials and services management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 10. Knowledge and skill training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Off-the-job safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Legend: **P** – Program element implementation need **S** – Standard(s) inadequate **C** – Compliance with standard(s) inadequate | | |



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ACTION PLAN	28. Remedial actions, what has and/or should be done to control the causes listed?	Deadline	By whom	Complete
29. Signature of investigator			Date	
30. Signature of reviewer			Date	

	31. Reviewer's reactions to the investigator's analysis of the basic causes and remedial actions.		
Signature	Title	Date	

