

Sample #1 Incident Investigation Form

The reason for investigating an incident or near miss is to determine: the cause or causes of the incident; to identify any risks, hazards, systems or procedures that contributed to the incident; and to recommend corrective action to prevent similar incidents.

Incidents should be investigated by people knowledgeable about the type of work involved at the time of the incident. The JOHSC or relevant workers should also be involved in the investigation.

An incident /near miss investigation report should answer the WHO, WHERE, WHEN, WHAT, WHY and HOW questions with regard to an incident.

Note: this template is for internal use only.

(INSERT YOUR BUSINESS NAME HERE)

Details of the incident/near miss:	
Short description of incident / near miss:	
Area where incident / near miss occurred:	
Date of incident:	Time of incident:

Details of the incident/near miss investigation	
Name of injured person (if relevant):	Injury sustained
Name of person who reported incident:	Date of report:
Name of person completing this form:	
Telephone number:	Date report completed:

Witness details		
Name/s	Job title (if relevant)	Contact number
Name of investigator	Job title (if relevant)	Contact number

Full description of events

(Briefly describe what happened including the sequence of events, investigate scene of incident or near miss; who was involved e.g. worker, visitor; conditions present at time of incident; what was involved, what activity (if any) was taking place prior and at time of incident. What hazards was the worker exposed to? What hazards may have contributed to the incident occurring? Attach photos if available)

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Complete the following based on the type of incident (if applicable)

	Yes	No
NS Department of Labour Contacted	<input type="checkbox"/>	<input type="checkbox"/>
WCB of Nova Scotia Notified	<input type="checkbox"/>	<input type="checkbox"/>
Incident scene preserved (required by law)	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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INVESTIGATION RECOMMENDATIONS eg. new equipment, re-engineer, re-design work area, re-design work practices, review training standards, etc

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IMPLEMENTATION DETAILS including action taken, date implemented, responsible person.

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Supervisor Signature**Date**

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Sample #2 Incident / Accident Report & Investigation Form

1. Person(s) Involved:

Name: _____

Contact No: _____ Department / Section: _____

Employee: Student: Contractor: Other (Specify): _____

2. Details of near miss / incident / accident:

Location: _____

Date: _____ Time: _____ am / pm

3. Severity:

Fatal Serious Harm Minor Harm No Harm / Near Miss

4. Treatment:

Nil First Aid CPR Doctor Hospital

What treatment was given? _____

By Whom _____

5. Description of what happened:

6. Describe the cause of incident / accident: _____

Contributory Factors (refer to these when identifying the cause of the near miss / incident / accident)

Immediate Causes

- Guarding
- Defective tools or equipment
- Hazardous arrangements
- Unsafe conditions
- Unsafe design
- Housekeeping
- Environmental conditions

Substandard Acts

- Operating without authority
- Disabling safety devices
- Using unsafe equipment
- Non use of Personal Protective Equipment
- Non use of lock out / isolation systems
- Unsafe positioning
- Distraction / fooling about

7. **Has a significant hazard been identified?** Y / N

If yes, please investigate this hazard and update the Hazard Register in your department or section accordingly

8. **Chance of the near miss, incident or accident recurring:**

One off Daily Weekly Monthly 6 Monthly +

9. **Corrective Action:** (What will be done to *minimise the risk of this happening again*)

<u>Action</u>	<u>By Whom</u>	<u>Completed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person in control of the workplace: _____ Name: _____

Signed: _____ Position: _____

10. **Supervisor's Comments:**

Signed: _____ Position: _____

Date: _____

11. **Health and Safety Co-ordinator's comments:**

Date: _____

12. **Incident / Accident recorded on Accident Register and all corrective actions completed:**

Signed: _____ Date: _____

Sample #3 Incident Investigation Form

Company Name _____

Date: _____

Who was involved? _____

What happened? _____

When? Date: _____

Time: _____

Where? _____

What were the immediate causes? _____

What were the underlying causes? _____

What training, instruction, cautions were given before the incident? _____

How can similar incident be prevented in the future? _____

Person in Charge: _____

Signature: _____

Reviewed by Senior Manager: