This is an example that you can modify for your workplace.

(insert company name here) **Incident Investigation Report**

Date:

|  |  |
| --- | --- |
| **1. Incident**   Serious injury  Property damage  Potential injury  Fire   Spill  Vehicle collision  Other  Reported by: | |
| Incident date (Y/M/D): / / | Time (24-hour clock): |
| Area: | Specific location: |
| **2. Employee information**  Name of employee: Age:  Occupation: Duration with current employer: | |
| **3. Injury** Outcome (check all that apply)   First aid  Medical aid  Modified work  Lost time  Fatal Nature of injury:  Mechanism of injury (object/equipment/substance/damage, etc.): | |
| **4. Property damage**  Description of property:  Description of damage:  Estimated loss/damage cost: | |
| **5. Other actual/potential loss**  Type of loss (object/equipment/substance/damage, etc.): Description:  Estimated cost: | |

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| **6. Incident details** | | |
| Description of incident (including events leading up to the incident): | | |
| Diagram of scene: | | |
| Witness(es): | | |
| Witness(es) statement(s) attached:  Yes  No | | |
| **7. Causes**  Description of immediate cause(s)  Description of underlying cause(s) | | |
| **8. Action**  Recommended corrective action(s) (to prevent reoccurrence): | | |
| Actions taken: | Approved by: | Date/time: |
| Actions taken: | Approved by: | Date/time: |
| Actions taken: | Approved by: | Date/time: |
| **9. Signatures**  Date report completed: (Y/M/D)  Supervisor: Employee:  Worker co-chair of JHSC or health and safety representative (if applicable): Senior employer representative: | | |

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