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

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

Date:

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| **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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