**WORKPLACE INCIDENT REPORT**

[INSERT ORGANIZATION LOGO HERE]

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| **INVESTIGATIVE TEAM** |
| **Name** | **Position** | **Role** |
|  |  | Employer Representative |
|  |  | Worker Representative |
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| **INCIDENT DETAILS** |
| **Date of Incident:** |  |
| **Time of Incident:** |  |
| **Location of Incident:** |  |

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| **TYPE OF OCCURRENCE** |
| **Type** | **Yes** | **Type** | **Yes** |
| **Death of a Worker** |[ ]  Minor injury or no injury but with potential for serious injury |[ ]
| **Serious injury to worker\*** |[ ]  Injury requiring medical treatment beyond first aid (physician ER) |[ ]
| **Major structural failure or collapse** |[ ]  Incident of fire or explosion with potential for serious injury |[ ]

\*Serious injury = life threatening, traumatic injury, loss of consciousness, permanent change

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| **DESCRIPTION OF INCIDENT** |
| **What happened? Describe the environmental/surrounding conditions; activities taking place in the space; availability, use and functionality of necessary equipment.** |
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**CONTRIBUTING FACTORS AND/OR DIRECT CAUSES:**

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| **ENVIRONMENT RELATED CAUSES** |
| [ ]  Variations in floor surface | [ ]  Working alone |
| [ ]  Wet/slippery | [ ]  Inadequate security equipment/measures |
| [ ]  Personal Protective Equipment not sufficient | [ ]  Limited space |
| [ ]  Noise | [ ]  Lighting |
| [ ]  Other (specify):  |

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| **EQUIPMENT RELATED CAUSES** |
| [ ]  Signage/labeling inadequate | [ ]  Defective equipment |
| [ ]  Proper equipment unavailable/inadequate | [ ]  Preventative maintenance/inspections inadequate |
| [ ]  Material/equipment failure | [ ]  Incorrect equipment |
| [ ]  Other (specify):  |

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| **HUMAN RELATED CAUSES** |
| [ ]  Knowledge/skill/experience lacking | [ ]  Illness |
| [ ]  Pre-existing condition | [ ]  Violent behaviour |
| [ ]  Fatigue | [ ]  Physical limitations (reach, height, etc.) |
| [ ]  Other (specify):  |

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| **DETERMINATION OF CAUSES OF INCIDENT** |
| **Why did the event occur?** |
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| **CORRECTIVE ACTION** |
| **How can a reoccurrence be prevented?** |
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| **CORRECTIVE ACTION PLAN** |
| **Action** **(description of action required to prevent reoccurrence of incident)** | **Assigned to:****(position of person performing the action)** | **Expected Completion Date****(YYYY-MM-DD)** | **Completion Date****(YYYY-MM-DD)** |
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