**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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