

## Incident Investigation Report

Company Name:	
General Location of Incident (e.g. Town/City/Street Address/Township & Range):	
Specific Location (e.g. inside/outside/building/vehicle):	
Date of Incident (Y/M/D):        /        /	Foreman/ Supervisor in Charge:
Date Incident was reported:        /        /	
Time of Incident (include a.m., p.m.): _____	Incident reported by: _____
Time Incident was reported:	Incident reported to:
Name of Injured Worker:	
<b>Incident Type (circle all that apply):</b> 1) Injury/Illness    2) Near Miss    3) Damage    4) Spill    5) Other	
<b>If Injury/Illness, was it a:</b> 1) First Aid    2) Medical Aid    3) Lost Time    4) Modified Work    5) Fatality	
<b>Person(s) Involved including witnesses (witness statements are to be attached separately):</b>	
<b>Name</b>	<b>Address</b>
<b>Phone</b>	<b>Company</b>
<b>Conditions at time of the Incident</b> (include elements such as weather, status of job, housekeeping, visibility, etc.):	
<b>Description of Incident</b> (tasks being performed, location of person(s), equipment being used, other work activities, etc.):	

Diagram:

**Results from Incident Investigation**

What was the Direct Cause of the Incident?

What was the Indirect Cause(s) of the Incident?

**Corrective Actions**

What steps were taken to prevent recurrence of the Incident?

Date actions completed (Month/Day/Year):

Name of person(s) who completed actions:

Estimated Cost of Incident:

**Office:**

Foreman/ Supervisor Signature:

Managers  
Signature:

Date Reviewed:

Investigator(s) Name and Signature:

Date Reported Completed (Y/M/D):     /     /     /