**Incident Investigation Report**

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| 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): / / Date Incident was reported: / / | Foreman/ Supervisor in Charge: |
| Time of Incident (include a.m., p.m.): Time Incident was reported: | Incident reported by: Incident reported to: |
| Name of Injured Worker: |
| Incident Type (circle all that apply): 1) Injury/Illness 2) Near Miss 3) Damage 4) Spill 5) OtherIf Injury/Illness, was it a: 1) First Aid 2) Medical Aid 3) Lost Time 4) Modified Work 5) Fatality |
| Person(s) Involved including witnesses (witness statements are to be attached separately):Name Address Phone Company |
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| Conditions at time of the Incident (include elements such as weather, status of job, housekeeping,visibility, etc.): |
| Description of Incident (tasks being performed, location of person(s), equipment being used, other workactivities, etc.): |

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| Diagram: |
| What was the Direct Cause of the Incident? |
| What was the Indirect Cause(s) of the Incident? |
| 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: |
| Foreman/ Supervisor (Signature):Date Reviewed: | **Office**Managers Signature: Date Reviewed: |
| Person(s) conducting the Incident Investigation (signatures):Date Reported Completed (Y/M/D): / / / |