**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) Other  **If 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.): | |
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| **Description of Incident** (tasks being performed, location of person(s), equipment being used, other work  activities, etc.): | |
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| 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:  Date Reviewed: | Managers Signature:  Date Reviewed: |
| Investigator(s) Name and Signature:  Date Reported Completed (Y/M/D): / / / | |