# COMMUNITY COUNCIL

# Incident Investigation Report

 **Date/Time:**

|  |
| --- |
| Who was involved? |
| What happened? |
|  |
|  |
|  |
|  |
| When? Date: | Time: |
| Where?  |
|  Reported to Workplace Safety and Health Branch Yes 🞎 No 🞎 |
| What was the **immediate cause?**  |
|  |
|  |
|  |
| What were the **underlying causes?** |
|  |
|  |
|  |
| What training, instruction, orientations and cautions were given before the incident? |
|  |
|  |
|  |
| How can similar incidents be prevented in the future? |
|  |
|  |
|  |
| Recommendation(s) for further action: |
|  |
|  |
|  |
|  |
| Recommendations Completed By Whom: Date/Time: |
| Person in Charge: |
| Reviewed By Community Council: Date: |
| Comments/Recommendations: |
|  |
|  |
|  |
|  |
|  |

COMMUNITY COUNCIL

NEAR MISS REPORT

A near miss is a potential hazard or incident that has not resulted in any personal injury. Unsafe working conditions, unsafe employee work habits, improper use of equipment or use of malfunctioning equipment have the potential to cause work related injuries. It is everyone’s responsibility to report and /or correct these potential accidents/incidents immediately. Please complete this form as a means to report these near-miss situations.

Department/Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time \_\_\_\_\_\_\_\_\_\_\_ a.m. / p.m.

Please check all appropriate conditions:

Unsafe Act Unsafe Equipment



Unsafe Condition Unsafe Use of Equipment

Description of incident or potential hazard: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(optional)

**NEAR MISS INVESTIGATION**

**Description of the near-miss condition**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Causes** (primary and contributing) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Corrective action taken** (remove the hazard, replace, repair or retrain in the proper procedures for the task)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not completed for the following reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Council \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| COMMUNITY COUNCIL:Incident Type: 🞎 Injury/Illness 🞎 Property Damage 🞎 Major Potential 🞎 Fire 🞎 Spill 🞎 Other 🞎 Vehicle Collision |
| Incident Date: (M/D/Y) \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | Time (24 Hour Clock): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Area: | Specific Location:  |
| **Injury/Illness** |
| 🞎 First Aid 🞎 Medical Aid 🞎 Modified Work 🞎 Lost Time 🞎 Fatal |
| Name of Worker: | Age: Gender:  |
| Occupation:  | Experience:  |
| Nature of Injury: |
|  |
|  |
| Object/Equipment/Substance Inflicting Injury/Damage: |
| **Property Damage** |
| Description of Property:  |
|  |
| Description of Damage: |
|  |
| Estimated Loss/Damage Cost: |
| **Other Actual/Potential Loss** |
| Type:  |
| Description: |
| Estimated Cost: |
| Evaluation of Risk Potential if not corrected (circle selection):Severity: 1. Imminent Danger 2. Serious 3. Minor 4. Acceptable 5. Not Applicable (N/A) |
| Probability A. Probable B. Reasonably Probable C. Remote D. Extremely Remote |
| Description of Incident: |
|  |
|  |
| Diagram of the Scene:  |
| Witness(es) : |
|  |
| Witness Statements Attached: 🞎 Yes 🞎 No |
| Immediate Causes: Description |
|  |
|  |
| Underlying Causes: Description |
|  |
|  |
| Corrective Action(s) (Immediate, Interim, Final): |
|  |
|  |
| Recommendations Completed by Whom: Date/Time:  |
| Date Report Completed (M/D/Y) \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |
| Supervisor Signature: Worker Signature:  |

Incident Reporting Form

This is documenting a:

Lost Time/Injury First Aid Incident Near Miss Observation

Detail of person injured or involved

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| --- |
| Person completing report: Date: |
| Persons Involved:  |
| Equipment or Truck ID: |
| Event Details: |
| Time: Witnesses: |
| Date: Location of Event: |
|  |
| Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What event/injury caused an unsafe act or unsafe condition? Please explain.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **To be completed only if lost time/injury or first aid was required.** |
| Type of injury sustained |  |
| Cause of lost time/injury or first aid |  |
| Was medical treatment necessary? | Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_If yes, name of hospital, physician |

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Was this reported to Workplace Safety and Health Branch? Was this reported to WCB?***