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:

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

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 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: Date Reviewed:	Managers Signature:

Investigator(s) Name and Signature:

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