## **INCIDENT / ACCIDENT INVESTIGATION REPORT**

	Company	Division		Department	WHSCC	Employer #
M I S H A P	STEP 1 – Description of the accider   Type of injury – multiple selection(s) p   FA First aid (at scene)   MA Medical aid only (hospital / p   LT Lost-time   NLT No lost-time   F Fatal   Name of injured person	ossible hysician)	□ C 1-3 years □ D 4- What training had bee □ Orientation to H&S □ WHMIS □ □	where the accident occurr 10 years $\Box$ E more than 1 en given in the safe perforr $\Box$ Orientation to 5*22 $\Box$ (	0 years nance of the work? (m DH&S Act □ General F □ □	ultiple selection possible)
	Location of mishap (be specific) mm/dd/yy Date of mishap: 7 Describe how the mishap occurred: In	- ime: □ clude what the	] a.m. □ p.m. Da e person(s) was doing,	ate reported: Time: trying to do and anything	a.m. □ p.n unusual.	1.
DESCRIPTION	If there is a written job procedure for the lidentify equipment/material involved (a Witness name (#1) Number	Make and mod	erformed? Yes □ N del, size, weight, shape Witness name (#2)	e where pertinent)	Witness name (#3)	Number Diagram
<b>S K E T C H</b>	Sketch, diagram and / or additional no	ites.				

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L O S	STEP 2 - Circle the letter(s), which best identifies the loss potential if the hazard(s) is not eliminated or controlled. ACTUAL / POTENTIAL SEVERITY									
S P O T	PROBABILITY OF RECURRENCE		Death, permar total disability property dam → \$100,000	y or property lage > \$*	Lost time injury or property damage > \$10,000 < \$100,000		Medical aid injury only or property damage > \$1,000 < \$10,000		First aid injury only or property damage < \$1,000	
E N	Frequent		А		D			G	J	
T I A	Occasional		В		E			Н	к	
L	Rare		C		F			Ι	L	
		I Struck again I Struck by (h I Fall to lowe I Fall on sam I Caught in (p I Caught on ( I Caught betw I Overstress,	e of contact or near conta nst (running / bumping into nit by moving object) r level le level (slip & fall, trip over pinch and nip points) (snagged, hung) ween or under (crushed or overexertion, overload n (electricity, heat, cold, rac	) ) amputated)						
			estandard work practices			sed or	could have	caused this mis	shap.	
IMMEDIATE / DIRECT	For each iter YES NO 	CODE SWP-1 SWP-2 SWP-3 SWP-5 SWP-5 SWP-6 SWP-7 SWP-8 SWP-7 SWP-8 SWP-10 SWP-11 SWP-11 SWP-12 SWP-13 SWP-14 SWP-15 SWP-17 SWP-18	or No. Explain Yes select SUBSTANDARD WC Operating equipment Failure to warn Failure to secure / ma Operating at improper Making safety devices Removing safety devices Ingroper loading Improper placement i Morseplay Influence of alcohol / Inattention / negligend Failure to follow a spent	RK PRACTICES without authority ake safe r speed s inoperative ices roper equipment roperly operly task in operation drugs suspected ce ecific work procedure	YE S D D D D D D D D D D D D D D D D D D	Sooooooooooooooooooooooooooooooooooooo	CODE SWC-1 SWC-2 SWC-3 SWC-4 SWC-5 SWC-6 SWC-7 SWC-6 SWC-7 SWC-8 SWC-9 SWC-10 SWC-11 SWC-11 SWC-12 SWC-13	Inadequate gua Inadequate / im Defective tools Congestion or I Inadequate wa Fire and explos Poor housekee Hazardous env gases, dusts, s Noise exposure Radiation expo Temperature e	nproper protective equipment , equipment or materials restricted action rning system sion hazards oping / disorder rironmental conditions; moke, fumes, vapours e sure sure xtremes excessive illumination	
					nisnap :					
C A										
U S E S										
BASIC/UNDERLY	STEP 5 - Ide marking ead YES NC C	ch factor bel	sic / underlying causes for low with a Yes or No. PERSONAL FACTORS Inadequate physical / phy Inadequate mental psych Physical or physiological Mental or psychological s Lack of knowledge Lack of skill	ysiological capability lological capability stress	e substar	NO NO D D D D D D D D D D	Vork practit CODE JF-1 JF-2 JF-3 JF-4 JF-5 JF-6 JF-7 JF-8 JF-9	JOB FACTOR	S ation Idership and / or supervision gineering intenance Is / equipment rk standards r and tear	

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I N G	Describe how does the immediate / direct cause	s stem from the basi	c / underlying causes.
с			
Α			
U			
S			
Е			
S			
c o	Basic / underlying causes or mishaps are the result of lack of control.		. Lack of control in this mishap was the result of (multiple selections possible)
Ν	Inadequate H&S system / infrastructure	□ Yes	□ No
T R O	Inadequate standards	□ Yes	□ No
Ľ	Inadequate compliance to standards	□ Yes	□ No

STEP 6 - Recommended actions to correct immediate / direct causes.	Responsibility	Date to be Completed	Date Completed
		•	
STEP 7 - Recommended H&S infrastructure improvements to address the basic / under	lying (root) Responsibility	Date to be	Date
causes. Use the 5*22 framework outlined below. If necessary, use the back of this page		Completed	Complete
(1) H&S Responsibility			
1. Health & Safety Policy			
2. Health & Safety Plan			
3. General Health & Safety Rules			
4. Health & Safety Procedures/Practices			
5. Legal Obligations			
6. Health & Safety Actions			
(2) Management Commitment			
7. Health & Safety Communication			
8. Management Support			
9. Well-being of Employees			
(3) Employee Involvement			
10. Health & Safety Orientation			
11. Employee Participation			
12. Required Safe Work Practices			
(4) Hazard & Risk Management			
13. Identification of Hazards & Risks			
14. Control of Hazards & Risks			
15. Hazard & Risk Reporting			
16. Accident Reporting			
17. Accident Investigation			
18. Accident and Injury Analysis			
19. Health & Safety Inspections			
(5) H&S Education			
20. Health & Safety Educational Needs			
21. Health & Safety Education Delivery			
22. Health & Safety Education			
Effectiveness			