## STEP 1. INITIAL REPORT OF THE INCIDENT

<table>
<thead>
<tr>
<th>Date of Event</th>
<th>Time of Event</th>
<th>Geographic Location</th>
<th>Specific Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Reported</td>
<td>Time Reported</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Select one of the positions below of who reported the accident/incident

<table>
<thead>
<tr>
<th>Reported By:</th>
<th>Employee</th>
<th>Contractor</th>
<th>Visitor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Injured /damage</th>
<th>Occupation</th>
<th>Part of body</th>
<th>Nature / source of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of clinic or hospital</th>
<th>Means of Transport</th>
<th>Who went with the injured?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How was the scene secured?

Select one of the below

<table>
<thead>
<tr>
<th>Lead Investigator</th>
<th>Employer Rep</th>
<th>Worker Rep</th>
<th>3rd Party</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Supporting Investigator</th>
<th>Witness</th>
<th>Employer Rep</th>
<th>Worker Rep</th>
<th>3rd Party</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Witness</th>
<th>Name &amp; Phone #</th>
<th>Witness</th>
<th>Name &amp; Phone #</th>
<th>Witness</th>
<th>Name &amp; Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Evidence attached to this report</th>
<th>Photos</th>
<th>Video</th>
<th>Audio</th>
<th>Sketches</th>
<th>Physical Evidence</th>
</tr>
</thead>
</table>

Identify who was Notified of the occurrence

<table>
<thead>
<tr>
<th>Employer</th>
<th>Union</th>
<th>Ambulance</th>
<th>Emergency Contact</th>
<th>Fire</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Supervisor</th>
<th>MOL</th>
<th>Police</th>
<th>JHSC</th>
<th>MOE</th>
<th>Fire</th>
</tr>
</thead>
</table>

### TYPE OF INCIDENT

- Near Miss or Non first-aid
- Psychosocial (Violence / Harassment)
- Work Refusal
- Dangerous Circumstance
- First Aid
- Medical Aid
- Critical Injury
- Fatality

### Key Term Definitions

**DANGEROUS CIRCUMSTANCES** means a situation in which,
(a) a provision of this Act or the regulations is being contravened,
(b) the contravention poses a danger or a hazard to a worker, and
(c) the danger / hazard is such that any delay in controlling it may seriously endanger a worker.

**CRITICAL INJURY** means an injury of a serious nature that,
(a) Places life in jeopardy
(b) Produces unconsciousness
(c) Results in a substantial loss of blood
(d) The fracture of a leg or arm but not a finger or toe
(e) The amputation of a leg, arm, hand or foot but not a finger or toe
(f) Consists of burns to a major portion of the body or
(g) Causes the loss of sight in an eye

### STEP 2: IDENTIFICATION OF IMMEDIATE CAUSE(S)

Select as applicable from the list below

<table>
<thead>
<tr>
<th>Health &amp; Safety</th>
<th>Environment</th>
<th>Operations</th>
<th>Reputation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness</td>
<td>Spill, accidental release</td>
<td>Property Damage</td>
<td>Security</td>
</tr>
<tr>
<td>Injury</td>
<td>Slippery, Congested, Temp.</td>
<td>Vehicle Accident</td>
<td>Non-Compliance</td>
</tr>
<tr>
<td>Psychosocial (violence, harassment, stress)</td>
<td></td>
<td>Fire / Explosion</td>
<td>Non-Conformance</td>
</tr>
</tbody>
</table>
Select as applicable, from the list below

Detailed description of incident.

Include who what when where how

What actions were taken to secure the scene?

Protection of people environment equipment

What allowed the Immediate Cause(s) to happen?

STEP 3: IDENTIFICATION OF ROOT CAUSES(S)  Select as applicable from the list below

Equipment Failure
- Defective
- Design
- Preventive Maintenance
- Repeat Failure

Procedural
- No Procedure
- Error in Procedure
- Too Complex
- Not Followed

Communication
- Between Shifts / Depts.
- Failure to Agree
- Failure to Understand
- Language / Literacy

Natural Elements
- Temperature
- Visibility

Environment
- No Quality Control
- Poor Quality Control
- Poor Compliance

Engineering
- Layout / Design
- Poor safety/Guarding
- Poorly Identified
- Noise/Light/Vibration
- Ergonomics

Training
- No Training Available
- Individual Not Trained
- Unintentional Oversight
- Intentional Oversight
- Inexperience

Personal Factors
- Distracted
- Fatigued
- Rushing
- Not Motivated
- Impaired

Quality Control
- Other

Provide a brief explanation why each of the chosen factors above, was selected.

1.
2.
3.
4.
5.
6.
STEP 4: INVESTIGATORS RECOMMENDATIONS FOR CORRECTIVE ACTION(S)

STEP 5: FINAL COMMENTS BY INVESTIGATORS OR MANAGEMENT

Lead Investigator
(Name & Signature)  Title  Date

Reviewed By
(Name & Signature)  Title  Date

Indicate who received a copy of this report

- General Manager
- JHSC file
- H&$ Notice Board
- Other
- Injured Party
- Supervisor
- Human Resources
**WITNESS STATEMENT**

<table>
<thead>
<tr>
<th>Witness name</th>
<th>Employee</th>
<th>Contractor</th>
<th>Visitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity at time of incident</td>
<td>Specific Location at time of incident</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Statement of events**
(written by witness)

**Sketch (if applicable)**

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Signature