

**STEP 1. INITIAL REPORT OF THE INCIDENT**

Date of Event	Time of Event	Geographic Location
Date Reported	Time Reported	Specific Location

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

Reported By:	<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Visitor
Name Of injured /damage	Occupation	Part of body injured /location	Nature / source of injury
Name of clinic or hospital	Means of Transport	Who went with the injured?	
How was the scene secured?			

Select one of the below

Lead Investigator	<input type="checkbox"/> Employer Rep	<input type="checkbox"/> Worker Rep	<input type="checkbox"/> 3rd Party
Supporting Investigator	<input type="checkbox"/> Employer Rep	<input type="checkbox"/> Worker Rep	<input type="checkbox"/> 3rd Party
Witness Name & Phone #	Witness Name & Phone #		
Witness Name & Phone #	Witness Name & Phone #		
Witness Name & Phone #	Witness Name & Phone #		

Evidence attached to this report  Photos  Video  Audio  Sketches  Physical Evidence

Identify who was Notified of the occurrence

<input type="checkbox"/> Employer	<input type="checkbox"/> Union	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Emergency Contact _____
<input type="checkbox"/> Supervisor	<input type="checkbox"/> MOL	<input type="checkbox"/> Police	_____
<input type="checkbox"/> JHSC	<input type="checkbox"/> MOE	<input type="checkbox"/> Fire	<input type="checkbox"/> Other _____

**TYPE OF INCIDENT**

<input type="checkbox"/> Near Miss or Non first-aid
<input type="checkbox"/> Psychosocial (Violence / Harassment)
<input type="checkbox"/> Work Refusal
<input type="checkbox"/> Dangerous Circumstance
<input type="checkbox"/> First Aid
<input type="checkbox"/> Medical Aid
<input type="checkbox"/> Critical Injury
<input type="checkbox"/> 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

<b>Health &amp; Safety</b>	<b>Environment</b>	<b>Operations</b>	<b>Reputation</b>
<input type="checkbox"/> Illness	<input type="checkbox"/> Spill, accidental release	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Security
<input type="checkbox"/> Injury	<input type="checkbox"/> Slippery, Congested, Temp.	<input type="checkbox"/> Vehicle Accident	<input type="checkbox"/> Non-Compliance
<input type="checkbox"/> Psychosocial (violence, harassment, stress)		<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Non-Conformance

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
- \_\_\_\_\_
- \_\_\_\_\_

**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**

- No Quality Control
- Poor Quality Control
- Poor Compliance
- 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&S Notice Board    Other \_\_\_\_\_

Injured Party    Supervisor    Human Resources

