

# INVESTIGATION REPORT

IDENTIFYING INFORMATION	1. COMPANY			2. DEPARTMENT		
	3. LOCATION OF INCIDENT			4. DATE OF INCIDENT	5. TIME	AM <input type="checkbox"/> PM <input type="checkbox"/>
	6. DATE OF REPORT					
	INJURY OR ILLNESS		PROPERTY DAMAGE		OTHER INCIDENTS	
	7. INJURED'S NAME		13. PROPERTY DAMAGE		16. NATURE OF INCIDENT	
	8. PART OF BODY	9. DAYS LOST	14. NATURE OF DAMAGE		17. INCIDENT COST, IF APPLICABLE	
	10. NATURE OF ILLNESS		15. COST	<input type="checkbox"/> ESTIMATED <input type="checkbox"/> ACTUAL	18. PERSON REPORTING INCIDENT	
	11. OCCUPATION	12. TIME ON TASK			19. OBJECT/EQUIPMENT/SUBSTANCE INFLECTING HARM	
					20. PERSON WITH MOST CONTROL OF ITEM 11	
21. TYPE OF CONTACT <input type="checkbox"/> Struck against <input type="checkbox"/> Caught on <input type="checkbox"/> Fall on same level <input type="checkbox"/> Electricity <input type="checkbox"/> Caustics <input type="checkbox"/> Struck by <input type="checkbox"/> Caught between <input type="checkbox"/> Fall to lower level <input type="checkbox"/> Heat <input type="checkbox"/> Noise <input type="checkbox"/> Caught in <input type="checkbox"/> Slip <input type="checkbox"/> Overexertion <input type="checkbox"/> Cold <input type="checkbox"/> Toxic or noxious substances <input type="checkbox"/> Radiation						
RISK	EVALUATION OF LOSS		22. LOSS SEVERITY POTENTIAL		23. PROBABILITY OF REOCCURRENCE	
	POTENTIAL IF NOT CORRECTED		<input type="checkbox"/> Severe <input type="checkbox"/> Serious <input type="checkbox"/> Minimal	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
DESCRIPTION	24. DESCRIBE HOW THE EVENT OCCURRED.					
CAUSE ANALYSIS	25. IMMEDIATE CAUSES, WHAT SUBSTANDARD ACTIONS AND CONDITIONS CAUSED OR COULD CAUSE THE EVENT? CHECK ON BACK (25A), EXPLAIN HERE.			26. UNDERLYING CAUSES, WHAT SPECIFIC PERSONAL OR JOB FACTORS CAUSED OR COULD CAUSE THIS EVENT? CHECK ON BACK (26A), EXPLAIN HERE.		

## INVESTIGATION REPORT

<b>INCIDENT NEEDS</b>	25A. IMMEDIATE CAUSES (Check all that apply.)		26A. UNDERLYING CAUSES (Check all that apply.)	
	<b>Substandard Actions</b> <input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Failure to warn <input type="checkbox"/> Failure to secure <input type="checkbox"/> Operating at improper speed <input type="checkbox"/> Making safety devices inoperable <input type="checkbox"/> Removing safety devices <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment improperly <input type="checkbox"/> Failing to use personal protective equipment properly <input type="checkbox"/> Improper loading <input type="checkbox"/> Improper placement <input type="checkbox"/> Improper lifting <input type="checkbox"/> Improper position for task <input type="checkbox"/> Servicing equipment in operation <input type="checkbox"/> Horseplay <input type="checkbox"/> Under influence of alcohol and/or other drugs	<b>Substandard Conditions</b> <input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Inadequate or improper protective equipment <input type="checkbox"/> Defective tools, equipment or materials <input type="checkbox"/> Congestion or restricted action <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Fire and explosion hazards <input type="checkbox"/> Poor housekeeping/disorder <input type="checkbox"/> Hazardous environmental conditions: gases, dusts, smoke, fumes, vapours <input type="checkbox"/> Noise exposure <input type="checkbox"/> Radiation exposure <input type="checkbox"/> High or low temperature exposure <input type="checkbox"/> Inadequate or excess illumination <input type="checkbox"/> Inadequate ventilation	<b>Personal Factors</b> <input type="checkbox"/> Inadequate capability <input type="checkbox"/> Lack of knowledge <input type="checkbox"/> Lack of skill <input type="checkbox"/> Stress <input type="checkbox"/> Improper motivation	<b>Job Factors</b> <input type="checkbox"/> Inadequate leadership/supervision <input type="checkbox"/> Inadequate engineering <input type="checkbox"/> Inadequate purchasing <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate tools/equipment/materials <input type="checkbox"/> Inadequate work standards <input type="checkbox"/> Wear and tear <input type="checkbox"/> Abuse and misuse

<b>CONTROLS</b>	27. MANAGEMENT CONTROL (Check all that apply.)								
	<b>Program Elements</b>	<b>P</b>	<b>S</b>	<b>C</b>		<b>P</b>	<b>S</b>	<b>C</b>	
	1. Leadership and administration 2. Leadership training 3. Planned inspections and maintenance 4. Critical task analysis and procedures 5. Accident/incident investigation 6. Task observation 7. Emergency preparedness 8. Rules and work permits 9. Accident/incident analysis 10. Knowledge and skill training	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		11. Personal protective equipment 12. Health and hygiene control 13. System evaluation 14. Engineering and change management 15. Personal communications 16. Group communications 17. General promotion 18. Hiring and placement 19. Materials and services management 20. Off-the-job safety	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Legend: P – Program element implementation need		S – Standard(s) inadequate			C – Compliance with standard(s) inadequate				

<b>ACTION PLAN</b>	28. REMEDIAL ACTIONS, WHAT HAS AND/OR SHOULD BE DONE TO CONTROL THE CAUSES LISTED?	DEADLINE	BY WHOM	COMPLETE
29. SIGNATURE OF INVESTIGATOR			DATE	
30. SIGNATURE OF REVIEWER			DATE	

<b>REVIEWER'S REACTIONS</b>	31. REVIEWER'S REACTIONS TO THE INVESTIGATOR'S ANALYSIS OF THE BASIC CAUSES AND REMEDIAL ACTIONS.		
	SIGNATURE	TITLE	DATE