

EMPLOYEE INCIDENT/ACCIDENT INVESTIGATION FORM

To be completed by Supervisor & Location Health & Safety Rep

SECTION A Completed by Supervisor & LHSR Type of Incident:	<input type="checkbox"/> Struck/Caught <input type="checkbox"/> Overexertion <input type="checkbox"/> Repetition <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Fall <input type="checkbox"/> MSD <input type="checkbox"/> Harmful substances/environmental <input type="checkbox"/> Assault <input type="checkbox"/> Slip/Trip <input type="checkbox"/> Other																																								
Assessment	<input type="checkbox"/> First Aid <input type="checkbox"/> Medical Aid - Dr./Emerg Dept. <input type="checkbox"/> Lost Time <input type="checkbox"/> Critical Injury - follow the Critical Injury Policy																																								
Date, Time, & Address of Incident/Accident	Date: _____ Time: _____ Date Incident Reported: _____ Site address: _____ _____																																								
Employee Information	Name & Address: _____ _____ Scheduled Shift at time of Incident: _____ Actual hours worked: _____ Employee's schedule for 7 days following Incident: Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____ Day 5 _____ Day 6 _____ Day 7 _____																																								
Employee's Summary of Incident/Accident	Sequence of events leading up to incident/accident - what was employee doing; cause of injury/illness; PEMEP (people, equipment, materials, environment, process): _____ _____ _____																																								
Witnesses	Names and Address of Witnesses: _____ _____ _____																																								
Health Professional	Name, Address and designation of Health Professional attending to or attended to the worker: _____ _____																																								
Correction	<table border="0"> <thead> <tr> <th>Action(s) Taken to Prevent Reoccurrence</th> <th>Corrected</th> <th>Planned</th> <th>Date (DD/MM/YY)</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>4. _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>5. _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table> <table border="0"> <tr> <td>a. Reinstruction of person(s) involved</td> <td>h. Actions to improve design/procedure</td> </tr> <tr> <td>b. Reassignment of person</td> <td>i. Inform all department Supervisors</td> </tr> <tr> <td>c. Order job safety analysis done</td> <td>j. Discipline of persons involved</td> </tr> <tr> <td>d. Improve personal protective equipment</td> <td>k. Other (examples)</td> </tr> <tr> <td>e. Action to improve inspection</td> <td>- Change in behaviour protocol</td> </tr> <tr> <td>f. Equipment repair /replace/safety device</td> <td>- Task Analysis</td> </tr> <tr> <td>g. Correction of congested area</td> <td></td> </tr> </table>			Action(s) Taken to Prevent Reoccurrence	Corrected	Planned	Date (DD/MM/YY)	1. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	2. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	3. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	4. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	5. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	a. Reinstruction of person(s) involved	h. Actions to improve design/procedure	b. Reassignment of person	i. Inform all department Supervisors	c. Order job safety analysis done	j. Discipline of persons involved	d. Improve personal protective equipment	k. Other (examples)	e. Action to improve inspection	- Change in behaviour protocol	f. Equipment repair /replace/safety device	- Task Analysis	g. Correction of congested area	
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SECTION B: Supervisor's Report	Confirm personal injuries, property damage, contributing factors (PEMEP - People, Equipment, Materials, Environment, Process): _____ _____ _____ _____ _____ _____ Signature: _____ Date: _____
Please complete and copy within 24 hours upon receiving Employee Incident Report	
Copy Sections A & B To:	<input type="checkbox"/> Admin. Coordinator Date: _____ Time: _____ <input type="checkbox"/> Location H&S Rep. Date: _____ Time: _____
SECTION C: Location Health & Safety Rep	Date Report Received: _____ Time Received: _____ Date of Investigation: _____ Time: _____ Investigation (PEMEP - People, Equipment, Materials, Environment, Process): _____ _____ _____ Action Taken / Recommendations: _____ _____ _____ Completed by: _____ Signature: _____ Date Completed: _____ Date returned to Supervisor: _____
Please return to Supervisor within 48 hours following investigation	
Supervisor's Actions	Follow-up: _____ _____ _____ _____ _____ Completed by: _____ Date Completed: _____
Copy Entire Report to:	<input type="checkbox"/> Executive Director <input type="checkbox"/> Coordinator <input type="checkbox"/> Employer H&S Rep. <input type="checkbox"/> Location H&S Rep (placed in a sealed envelope) Employee