

Appendix II-E-1

Community Incident Investigation Summary

INDUSTRIAL <input type="checkbox"/>	CONSTRUCTION <input type="checkbox"/>	SERVICE SECTOR <input type="checkbox"/>	
FIRE <input type="checkbox"/>	EXPLOSION <input type="checkbox"/>	SPILL <input type="checkbox"/>	OTHER <input type="checkbox"/>
EMPLOYER NAME: _____			
DEPARTMENT: _____			
ADDRESS: _____			

INJURY: YES NO

DATE and TIME of INCIDENT: _____

INVESTIGATING
COMMITTEE MEMBERS: _____

PART I – PARTICULARS

Did the incident involve injury? Yes _____ No _____

If yes,

Name of injured: _____
First Name Middle Last Name

Injured Worker's Home Address: _____ Tel#: _____

Injured Worker's Occupation / Job Title: _____

Location of Incident: _____

Supervisor's Name: _____
First Name Middle Last Name

Did the incident involve property damage? Yes _____ No _____

If yes, describe:

Was first aid rendered? Yes _____ No _____

If yes, by whom? (if outside emergency assistance was required, provide details)

PART III – EVIDENCE

Sketch of incident scene:

Describe physical evidence collected: _____

Photo/Video Evidence: (List and describe the photos and videos)

PART III – EVIDENCE (CONT'D)

Persons with Information - Statement Summary:

Name: _____
 First Name **Middle** **Last Name**

Date Interviewed: _____ Occupation: _____
 dd/mm/yy

Did you witness the incident? Yes _____ No _____

Name of Interviewer: _____

Summary of Statement: _____

Persons with Information - Statement Summary:

Name: _____
 First Name **Middle** **Last Name**

Date Interviewed: _____ Occupation: _____
 dd/mm/yy

Did you witness the incident? Yes _____ No _____

Name of Interviewer: _____

Summary of Statement: _____

PART IV – INCIDENT CAUSATION

What was the DIRECT CAUSE of the incident? (What caused injury or damage?)

What were the INDIRECT CAUSES? (What caused the incident?)

TASK:

WORKER(S):

MATERIAL/EQUIPMENT:

MANAGEMENT:

ENVIRONMENT:

PART V – CORRECTIVE ACTION

Immediate corrective actions to prevent recurrence:

Target Date for corrective action: _____
dd/mm/yy

Long term solutions:

Target Date for corrective action: _____
dd/mm/yy

PART VI – REPORT REVIEW

Signature of Investigator(s): _____

Date report completed: _____
dd/mm/yy

Distribute Report to: _____

Signatures of Co-Chairpersons – Safety and Health Committee:

_____	_____	_____	_____
Employer Co-Chair /	Date	Worker Co-Chair /	Date