

Appendix A  
**WORKPLACE SAFETY AND HEALTH COMMITTEE**

**INCIDENT INVESTIGATION SUMMARY REPORT**

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

**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:

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Was first aid rendered? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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## PART III – EVIDENCE

*Sketch of incident scene:*

Describe physical evidence collected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## PART IV – INCIDENT CAUSATION

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

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

**TASK:**

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**WORKER(S):**

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**MATERIAL/EQUIPMENT:**

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**MANAGEMENT:**

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**ENVIRONMENT:**

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## PART V – CORRECTIVE ACTION

*Immediate* corrective actions to prevent recurrence:

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Target Date for corrective action: \_\_\_\_\_  
dd/mm/yy

Long term solutions:

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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