

**WORKPLACE SAFETY AND HEALTH COMMITTEE**  
**INCIDENT INVESTIGATION SUMMARY REPORT**

INDUSTRIAL       CONSTRUCTION       SERVICE SECTOR

FIRE       EXPLOSION       SPILL       OTHER

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:

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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:** \_\_\_\_\_

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

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# 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