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:**

**Was first aid rendered? Yes No**

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

**PART II – DESCRIPTION OF INCIDENT**

***Describe the incident in detail:***

**PART III – EVIDENCE**

***Pictures of the incident scene:***

**Describe the 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 ROOT 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

*Ethelinda Padua 2022, Documentation & Reporting SAFE-1032*