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Incident Reporting and  
Investigation Template

**For Use in the Health Sector**

**Updated: January 22, 2025**

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# For Use in the Health Sector

## How to Use This Document

1. **Purpose**: This template enables health care organizations to document, analyze, and address workplace incidents systematically, ensuring compliance with Ontario’s Occupational Health and Safety Act (OHSA).
2. **When to Use**: Use this template to record incidents such as staff injuries, patient safety events, exposure to hazardous materials, workplace violence, or any safety-related concerns.
3. **Customization**: Personalize fields to reflect your organization’s policies, reporting hierarchy, and specific operational requirements. Consider integrating this template into digital reporting systems if applicable

# Incident Report Form

**1. Incident Overview**

* **Incident ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Incident**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Time of Incident**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Location** (e.g., department, room, unit): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Type of Incident** (check all that apply):

☐ Employee Injury ☐ Patient Safety Incident

☐ Equipment Failure ☐ Biohazard or Chemical Exposure

☐ Workplace Violence or Harassment

☐ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Individuals Involved**

* **Person Reporting the Incident**:
  + Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Directly Involved Individual(s)**:
  + Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Role (e.g., staff, patient, visitor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Department/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Incident Description**

* **Detailed Narrative**: Describe what happened in detail, including activities being performed, environmental conditions, and other relevant information.

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

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* **Injuries Sustained (if any)**: Describe the nature and severity of injuries.

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# Risk and Hazard Assessment

**4. Risk Categories (check all that apply):**

☐ Biological (e.g., infectious agents, bloodborne pathogens)

☐ Physical (e.g., slips, trips, falls)

☐ Chemical (e.g., hazardous substances, spills)

☐ Ergonomic (e.g., repetitive strain, improper lifting)

☐ Psychological (e.g., violence, harassment, burnout)

**5. Severity Assessment**

* **Actual Impact**:

☐ Minor ☐ Moderate ☐ Severe

* **Potential Impact (if unaddressed)**:

☐ Minor ☐ Moderate ☐ Severe

# Immediate Response and Containment

**6. Initial Actions**

* **Medical Assistance Provided?** ☐ Yes ☐ No
* **Type of Assistance** (e.g., first aid, emergency care): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Area Secured?** ☐ Yes ☐ No
* **Describe Measures Taken**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Notifications and Reporting**

* **Was the Incident Reported to a Manager or Supervisor?** ☐ Yes ☐ No
* **Date/Time of Notification**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Reported to External Authorities (if required)?** ☐ Yes ☐ No
  + **Details**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Incident Investigation Form

**8. Investigation Team**

* **Lead Investigator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Team Members**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Investigation Start Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Root Cause Analysis**

* **Primary Cause(s)**:

☐ Human Error ☐ Equipment Failure ☐ Inadequate Training

☐ Policy Non-Compliance ☐ Environmental Hazards

* **Detailed Root Cause Description**:

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

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# Corrective and Preventative Actions (CAPA)

**10. Action Plan**

* **Corrective Actions to Address Immediate Risks**:
* **Preventative Measures to Avoid Recurrence**:

**11. Responsibilities and Timelines**

* **Person Responsible for Implementation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Implementation Deadline**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Monitoring and Follow-Up Deadline**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Post-Incident Review and Follow-Up

**12. Review Summary**

* **Was the Corrective Action Successful?** ☐ Yes ☐ No
  + **Details**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13. Long-Term Monitoring Plan**

* **Assigned Reviewer**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Review Frequency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Supporting Documentation Checklist

Attach the following documents as applicable:

* Photos of Incident Site
* Witness Statements
* Training Logs
* Maintenance Records (if equipment was involved)
* Incident Timeline

# Training Recommendations

**14. Staff Training Updates**

* **Training Required** (e.g., infection control, equipment use): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Planned Training Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Disclaimer:*** *This document is provided as a template to assist health care employers in Ontario. It is not a substitute for legal advice. Employers should consult with a legal or HR professional to ensure compliance with applicable laws and regulations. ProSupport HR Partners assumes no liability for the use of this document.*

**Please delete the last page once you are done.**

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