

**OCCUPATIONAL HEALTH & SAFETY  
INCIDENT INVESTIGATION FORM**  
(to be completed by Principal, Supervisor, Manager)

School/Workplace: \_\_\_\_\_

Person(s) Involved: \_\_\_\_\_  
(name and job title) \_\_\_\_\_

Type of Incident:

- Bodily Injury:     First Aid Only
- Medical Attention (also report to WCB or Injury-on-Duty)
- Lost Time (also report to WCB or Injury-on-Duty)

Type of injury: ie, strain, cut, burn; Body part(s): ie, right hand, upper back

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

- Violence in the Workplace (continue to Page 3 & 4)
- Property Damage (also report to SIP)
- Fire or explosion (also report to SIP)
- Near Miss

Location: Floor: \_\_\_\_\_ Room: \_\_\_\_\_ Other: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Any witnesses: \_\_\_\_\_

Description of Incident – what happened? (include photos if helpful)

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

**Preparation Date:** December 4, 2000  
**Revision Date:** December 15, 2014

Indirect causes and contributing factors – how did this happen (unsafe acts/conditions):

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

Basic causes – why did this happen (personal or job factors):

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

Incident investigation reviewed with JOHS Committee/Representative (comments below):

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

Preventative actions to reduce or eliminate the change of recurrence:

Action:	Assigned to:	Completed
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Any other information:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ORIGINAL TO BE FILED AT SCHOOL/WORKPLACE  
COPY TO HEALTH AND SAFETY MANAGER:  
gsinclair@ssrsb.ca**

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