**File Number:** \_\_\_\_ \_ \_\_\_\_\_\_

This form is to be completed with reference to the *Hazard/Incident Report and Investigation Procedure*

|  |  |
| --- | --- |
| **1. First Four Steps.** | |
| **Date/Time of Incident:Text**  **Date/Time of Notification:Text**  **Incident Investigation Date/Time: Text** | **CASE NUMBER: \_**  **Location: \_** |
| 1. Provide First Aid for any injured persons call 911 if needed.   Y  N   1. Eliminate or control hazards.   Y  N   1. Secure the accident scene for information to determine the cause.   Y  N   1. Interview witnesses immediately.   Y  N   1. Inform family members of the injured and assign a company supervisor as liaison to help them with basic needs if send to ER by ambulance.   Y  N | |
|  | |
| **2. Persons Involved in the Investigation** | |
| **Position** | **Name/Phone** |
| Name of person conducting investigation: | **\_** |
| Supervisor / Manager: | **\_** |
| Witness: | **\_** |
| Witness: | **\_** |
| Witness: | **\_** |
| Other: | **\_** |
| Other: | **\_** |
|  | |
| **3. Name and Badge Numbers of Person whom was Injured** | |
| |  |  | | --- | --- | | Name of Injured: \_ | Was injured equipment trained? Y  N | | Age: \_ | Was injured supervised? Y  N | | Home Address: \_ | Was supervisor present? Y  N | | \_ | Was PPE used? Y  N | | Phone: \_ | Did injured have medical profile? Y  N | | Assignment: \_ | Brief Description of Injuries: | | Is Injured Expericanced? Y  N | \_ | | Was Injured Safety Trained? Y  N | **\_** | | |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **4. First Aid** | | |  |  | | --- | --- | | Were First Aid services available? Y  N | Description of First Aid performed: | | Was treatment given? Y  N | \_ | | Name of First Aid Attendant: \_ | Clean Up Completed? Y  N | | BBP Procedures? Y  N | Waste Disposed?Y  N | | | | | Root Exposure? \_ | All Proceedres use of BBP Kit? Y  N | | Hep Shots? Y  N | PP Evaled? Y  N |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **5. Other person involved if injured fill out Repeort of Injury part 3: \_** | | |  |  | | --- | --- | | Name of Other Party: \_ | Was Other Party equipment trained? Y  N | | Age: \_ | Did Other Party know the injured well? Y  N | | Home Address: \_ | Did Other Party have medical profile? Y  N | | \_ | Was Other Party Assigned to Dept? Y  N | | Phone: \_ | Was it Horseplay or hostile environment? Y  N | | Assignment: \_ | Does Other Party feel it could be prevented?Y  N | | Is Other Party Expericanced? Y  N | How? \_ | | Was is Other Party Safety Trained? Y  N | **\_** | | |  |  | | --- | | **6. Equipment/Machines/Handtools involved** | | |  |  | | --- | --- | | Equipment Involved: Text | Was there a Pre Operation Inspection? Y  N | | Make: \_ | Any Noticeable Equipment Defects? Y  N | | Model: \_ | Lock out Tag out Performed? Y  N | | Serial Number: \_ | Were Defects Reported? Y  N | | Was Equipment in good condition? Y  N | Reported to whom? \_ | | Manufacturer Operation Manual? Y  N | When Date/Time? \_ | | Is there Maintenance Records? Y  N | Comments: \_ | | Was equipment used as purposed? Y  N | **\_** | |  |  | | --- | | **7. Environment and Site** | | |  |  | | --- | --- | | Area Accident Occurred: | Did noise play a factor? Y  N | | \_ | Did blind spots play a factor? Y  N | | Is there good house keeping? Y  N | Was floor surface in good condition? Y  N | | Is there adequate lighting? Y  N | Was caution signs being used? Y  N | | Ventalation in good condition? Y  N | Why? \_ | | Did wind play a factor? Y  N | \_ | | Did temperature play a factor? Y  N | Comments: \_ | | Did weather play a factor? Y  N | **\_** | | | |
|  | |
| **8. Incident Location** *- (please state exact location and diagram below) Work Area, Job Process of Task. Please take photos of all areas surrounding incident location.* | |
| **\_** | |
| **Description of Incident –** (*Provide a Detailed description) What are all possible causes or events that caused the incident only the facts!* | |
| **\_** | |
| **Has a similar incident/near miss occurred previously?** ❑ Yes ❑ No | |
| **Were there procedures in place to minimise the risk?** ❑ Yes ❑ No | |
| **Has a Risk Assessment for the task been completed/reviewed (if applicable)** ❑ Yes ❑ No | |
|  | |

|  |  |
| --- | --- |
| **9. Documents/Photos Collected -** *(e.g. interviews, photos, Safe Work Procedures, and risk assessments*). | |
| **Name of Document/Photo** | **Attached** |
| \_ | ❑ Yes ❑ No |
| \_ | ❑ Yes ❑ No |
| \_ | ❑ Yes ❑ No |
| \_ | ❑ Yes ❑ No |
| \_ | ❑ Yes ❑ No |
|  |  |

|  |
| --- |
| **10. Corrective Action** *- (please provide possible corrective action to prevent this from happening in the future)* |
| **\_** |

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| --- |
| **11. Notes** *- (please provide additional details to the incident here).* |
| **\_** |

*Human Resources Manager to Keep all Completed Forms on File.*