**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 [ ]  | **\_** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **4. First Aid** |
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|  |  |
| --- | --- |
| 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 [ ]  |

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| Root Exposure? \_ | All Proceedres use of BBP Kit? Y [ ]  N [ ]  |
| Hep Shots? Y [ ]  N [ ]  | PP Evaled? Y [ ]  N [ ]  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **5. Other person involved if injured fill out Repeort of Injury part 3: \_**  |
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|  |  |
| --- | --- |
| 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 [ ]  |  **\_** |

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| **6. Equipment/Machines/Handtools involved** |
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|  |  |
| --- | --- |
| 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 [ ]  | **\_** |

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| **7. Environment and Site** |
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|  |  |
| --- | --- |
| 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 [ ]  |  **\_** |

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| **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 |
|  |  |

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

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

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