

# ACCIDENT/INCIDENT INVESTIGATION

## SAMPLE - ACCIDENT/INCIDENT INVESTIGATION FORM

Instruction: This form must be completed by the store manager and a member of OH&S committee whenever an accident/incident occurs. The assistant manager or authorized designate for the store will be responsible for completing this form in the absence of the store manager. The store manager must ensure a copy of the completed report is forwarded to the Human Resources Manager, and the OH&S committee.

Accident/incident resulted in: \_\_\_ injury \_\_\_ illness \_\_\_ property damage \_\_\_ near miss \_\_\_ first aid  
\_\_\_ health care \_\_\_ recurrence \_\_\_ other (check all that apply)

Store Location	Department	
Location of Incident (Be specific – eg. aisle 10)	Date of incident Time _____ am pm	Date reported accident/incident

### ACCIDENT/INCIDENT INFORMATION

Supervisor: \_\_\_\_\_ Date of first missed shift: \_\_\_\_\_ No. of days lost \_\_\_\_\_  
Approximate date of onset, if no specific date of injury: \_\_\_\_\_  
Object/equipment/substance inflicting damage/injury: \_\_\_\_\_  
Nature of injury: \_\_\_\_\_ Body part(s) affected: \_\_\_\_\_

### EMPLOYEE INFORMATION

Name (last name first – please print) \_\_\_\_\_  
Home phone number: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F  
Date of employment: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_  
Experience (time) in job: \_\_\_\_\_

Evaluation of loss Potential if not corrected	Loss severity potential <input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor	Probability of occurrence <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
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Describe how the event occurred.

## ACCIDENT/INCIDENT INVESTIGATION

Immediate causes: What substandard acts/practices and conditions caused or could cause the event? See end of form.

Basic causes: What specific personal or job/system factors caused or could cause this event? See end of form.

Remedial actions: What has and/or should be done to control the causes listed?

### Prevention of Accident/Incident Recurrence

Describe what action is planned or has been taken to prevent a recurrence of the accident, based on the key contributing factors

(immediate)

(long term)

Signed by Supervisor \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Signed by Person Involved: \_\_\_\_\_

Signed by HR: \_\_\_\_\_

Signed by Store Manager: \_\_\_\_\_

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

### REPORT FORM DEFINITIONS

INJURY – physical harm or damaged to a person.

ILLNESS – unhealthy condition in mind or body.

FIRST AID INJURY – a minor injury requiring only first aid treatment.

HEALTH CARE INJURY – an injury requiring treatment by a health care professional.

LOST TIME INJURY – a disabling injury where the injured person is unable to report for the next regular shift.

RECURRENCE – an accident or incident which has occurred more than once.

PROPERTY DAMAGE ACCIDENT – accidental loss to equipment, material, and/or the environment.

INCIDENT (NEAR-MISS) – an undesired event that, under slightly different circumstances, could have resulted in personal property damage or loss.

### IMMEDIATE CAUSES – check all as appropriate

Substandard Acts/Actions

Substandard Conditions

## ACCIDENT/INCIDENT INVESTIGATION

<input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Failure to warn <input type="checkbox"/> Failure to secure <input type="checkbox"/> Operating at improper speed <input type="checkbox"/> Making safety devices inoperable <input type="checkbox"/> Removing safety devices <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Failure to use PPE <input type="checkbox"/> Improper loading <input type="checkbox"/> Improper placement <input type="checkbox"/> Improper lifting <input type="checkbox"/> Improper position for task <input type="checkbox"/> Servicing equipment in operation <input type="checkbox"/> Horseplay <input type="checkbox"/> Under influence of alcohol and/or other substances	<input type="checkbox"/> Inadequate guards or barriers <input type="checkbox"/> Inadequate or improper protective equipment <input type="checkbox"/> Defective tools, equipment or materials <input type="checkbox"/> Congestion or restricted action <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Fire and explosion hazard <input type="checkbox"/> Poor housekeeping, disorder <input type="checkbox"/> Hazardous environmental conditions, gases, smoke, dusts, fumes <input type="checkbox"/> Noise exposure <input type="checkbox"/> Radiation exposure <input type="checkbox"/> High or low temperature exposure <input type="checkbox"/> Inadequate or excess illumination <input type="checkbox"/> Inadequate ventilation
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<b>BASIC CAUSES – check all as appropriate</b>	
<b>Personal Factors</b> <input type="checkbox"/> Inadequate capability <input type="checkbox"/> Lack of knowledge/training <input type="checkbox"/> Lack of skill <input type="checkbox"/> Stress <input type="checkbox"/> Improper motivation	<b>Job Factors</b> <input type="checkbox"/> Inadequate leadership/supervision <input type="checkbox"/> Inadequate engineering <input type="checkbox"/> Inadequate purchasing <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate tools/equipment <input type="checkbox"/> Inadequate work standards <input type="checkbox"/> Wear and Tear <input type="checkbox"/> Abuse and/or misuse