

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
___ medical aid ___ 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.

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

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<ul style="list-style-type: none"> <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 	<ul style="list-style-type: none"> <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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BASIC CAUSES – check all as appropriate	
<p>Personal Factors</p> <ul style="list-style-type: none"> <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 	<p>Job Factors</p> <ul style="list-style-type: none"> <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