

Incident Investigation Report						
Job Site/Location:		Current Date:				
Worker Involved:		Worker's Phone #:				
Date of Incident:		Time of Incident:				
Contractor:		Foreman:				
Incident Type:		Severity:				
Incident Classification:		Report Type	Prelimin	ary 🗆	Fin	al□
Names of all workers involved	Work	er address and phone #		Witness?	Yes:	No:
						$\underline{}$
<u>Direct cause</u> of injury/incident; (Desc.	· · · · · · · · · · · · · · · · · · ·		-			
EXAMPLE-temperature, exact location	n, terrain, wina air	ection, airection traveiling)				
	ll .	njury/ Illness				
Name of First Aider:						
Date of Birth of Injured:						
Body Part Affected:						
Nature of Injury/ Disease:	Choose an	item.				
Injury Status:	Choose an	item.				
Was person performing normal duties	: Yes □	No □				
	Signs & S	Symptoms & Treatment:				
Root cause of injury/incident:						
Choose an item.						



Contributing factors associated with incident:	
• Choose an item.	
• Choose an item.	
Choose an item.	
• Choose an item.	

Immediate corrective actions (Step by step how you corrected the incident immediately after)		Date completed	Person(s) responsible	
1.	cery up tery	completed		
2.				
3.				
4.				

Long te	rm preventative actions: (How to prevent this from happening again)	Date	Person(s) responsible
		completed	
1.			
2.			
3.			

Print name:	Print name:	
(Worker)	(Safety)	
Signature:	Signature:	
Date	Date	

Additional investigators (JOH&S committee member(s	s), foreman, worker).
Name:	Signature:

Copy of completed report to be submitted to <a href="mailto:jaimieg@awse.ca">jaimieg@awse.ca</a> along with supporting documentation; training records, site orientation(s), pictures, daily hazard assessment, worker/witness statement