

WORKPLACE SAFETY AND HEALTH COMMITTEE

INCIDENT INVESTIGATION SUMMARY REPORT

EMPLOYER NAME: INTERLAKE SCHOOL DIVISION

SCHOOL/DEPARTMENT: _____

ADDRESS: _____

INJURY: YES ☐ NO ☐

DATE and TIME of INCIDENT: _____

**INVESTIGATING
COMMITTEE MEMBERS:** _____

PART I – PARTICULARS

Did the incident involve injury? Yes _____ No _____

If yes,

Name of injured: _____
First Name Middle Last Name

Injured Worker's Home Address: _____ Tel#: _____

Injured Worker's Occupation / Job Title: _____

Location of Incident: _____

Supervisor's Name: _____
First Name Middle Last Name

Did the incident involve property damage? Yes _____ No _____
If yes, describe:

Was first aid rendered? Yes _____ No _____

If yes, by whom? (if outside emergency assistance was required, provide details)

Describe the incident in detail:

[illegible]

PART III – EVIDENCE

Sketch of incident scene:

Describe physical evidence collected: _____

Photo/Video Evidence: (List and describe the photos and videos)

PART III – EVIDENCE (CONT'D)

Persons with Information - Statement Summary:

Name: _____
First Name Middle Last Name

Date Interviewed: _____ Occupation: _____
dd/mm/yy

Did you witness the incident? Yes _____ No _____

Name of Interviewer: _____

Summary of Statement: _____

Persons with Information - Statement Summary:

Name: _____
First Name Middle Last Name

Date Interviewed: _____ Occupation: _____
dd/mm/yy

Did you witness the incident? Yes _____ No _____

Name of Interviewer: _____

Summary of Statement: _____

PART IV – INCIDENT CAUSATION

What was the DIRECT CAUSE of the incident? (What caused injury or damage?)

What were the INDIRECT CAUSES? (What caused the incident?)

TASK:

WORKER(S):

MATERIAL/EQUIPMENT:

MANAGEMENT:

ENVIRONMENT:

PART V – CORRECTIVE ACTION

Immediate corrective actions to prevent recurrence:

Target Date for corrective action:

dd/mm/yy

Long term solutions:

Target Date for corrective action:

dd/mm/yy

PART VI – REPORT REVIEW

Signature of Investigator(s):

Date report completed:

dd/mm/yy

Distribute Report to:

Signatures of Co-Chairpersons – Safety and Health Committee:

Employer Co-Chair /

Date

Worker Co-Chair /

Date