

**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)

## **PART II – DESCRIPTION OF INCIDENT**

*Describe the incident in detail:*

## **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
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