

HAZARD & INCIDENT INVESTIGATION REPORT (excluding violence)

PART A: INCIDENT NOTIFICATION

Nature of Injury or Illness:		APP#:	
Date Investigation Report completed:	Date/Time of Incident:	Date/Time Reported to Supervisor:	
Employees Name & ID#:	Supervisor/Manager:	Witness 1:	Witness 2:
Was the incident reported within 24 hrs? <input type="checkbox"/> Yes		<input type="checkbox"/> No (provide reason for delay)	
Location of Incident:	Occupation:	Date/Time Contacted SAFE:	
PPE Worn at Time of Incident:		Training Required for Task:	

PART B: IDENTIFIED INCIDENT CAUSE

Root Causes

- | | |
|---|---|
| <input type="checkbox"/> Management Commitment & Administration
<input type="checkbox"/> Hazard Identification
<input type="checkbox"/> Safe Work Practices and/or Procedures
<input type="checkbox"/> Inadequate Previous Incident Investigation
<input type="checkbox"/> Other (specify): | <input type="checkbox"/> Emergency Preparedness and Response
<input type="checkbox"/> Worker Knowledge & Skill Training
<input type="checkbox"/> Personal Protective Equipment (PPE)
<input type="checkbox"/> Personal or Group Communications |
|---|---|

All Causes

- | | |
|--|--|
| Unsafe Behaviors:
<input type="checkbox"/> Failure to Wear Proper PPE
<input type="checkbox"/> Unsafe Position or Posture
<input type="checkbox"/> Failure to Communicate/Coordinate
<input type="checkbox"/> Failure to identify the Hazard
<input type="checkbox"/> Failure to comply with Hazard Controls
<input type="checkbox"/> Rushing
<input type="checkbox"/> Other (specify) | Unsafe Conditions:
<input type="checkbox"/> Inadequate or Improper Protective Equipment
<input type="checkbox"/> Defective Tools or Equipment
<input type="checkbox"/> Patient Care Plan
<input type="checkbox"/> Other (specify) |
| Personal Factors:
<input type="checkbox"/> Inadequate Physical Capability
<input type="checkbox"/> Inadequate Mental Capability
<input type="checkbox"/> Physical Stress
<input type="checkbox"/> Inattention
<input type="checkbox"/> Improper Motivation
<input type="checkbox"/> Mental Stress
<input type="checkbox"/> Other (specify): | Job Factors:
<input type="checkbox"/> Inadequate Leadership or Supervision
<input type="checkbox"/> Inadequate Work Standards
<input type="checkbox"/> Other (specify): |

PART C: CORRECTIVE ACTIONS

Corrective Actions (Root-cause must be identified and corrected to prevent a re-occurrence. Remember to keep asking 'why' something happened to determine root-cause. Refer to incident cause table on the *Hazard and Incident Investigation Report Checklist*). If you require more space for Corrective Actions please attach a separate sheet with the information

Corrective Action: ensure all corrective actions address the causes identified above.	Person Responsible:	Target Completion Date:

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Comments:

PART D: REVIEW AND APPROVAL

Incident Investigator: (Print)	Date:	Signature:
Affected Employee(s): (Print)	Date:	Employee Signature:
Reviewed by Manager	Date:	Signature:

PART E: DISTRIBUTION

This Incident Investigation Report must be provided to all of the following and confirm it has been provided by checking each box:

Manager/Director <input type="checkbox"/>	SAFE (fax to 461-8073) <input type="checkbox"/>	Applicable JOHSC <input type="checkbox"/>	Affected Employee <input type="checkbox"/>
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