

Steps to Complete the Incident Investigation Report Form

Safety and Injury Prevention has developed this checklist to assist incident investigators (Managers, Supervisors). This checklist will ensure that all requirements for completing an incident investigation have been completed, reviewed and documented. For more information regarding incident investigation refer to Capital Health Policy CH15-022 Workplace Staff Hazards and Incidents – Reporting, Investigation and Documentation.

Part A: Incident Notification (complete all boxes in the section)

- Discussed/reviewed (debrief) the incident with the affected employee(s) to begin the investigation
- Incident details (who, what, when etc) have been noted in the IIR

Part B: Identified Incident Cause (Check all boxes for the causes identified that contributed to the incident.)

- Root cause of incident has been identified and noted on the IIR. See the *Incident cause table* for assistance
- Additional causes identified (unsafe behaviours, unsafe conditions, personal factors) and noted on the IIR

Part C: Corrective Action

- Ensure appropriate corrective actions to prevent the occurrence or re-occurrence for all of the causes identified for the workplace incident are listed on the investigation report.
- Establish who is responsible to ensure that the corrective actions will be implemented, (ensures employees are aware of the corrective action, trained on any new procedures/practices).
- Document a target completion date or the completion date for the implementation of identified corrective actions (ensure the person responsible to implement these understands and is in agreement with this date and that it is realistic)
- Follow up to ensure that the corrective actions have been implemented and they are appropriate and successful. It is recommended to do an initial follow up no more than thirty (30) days after implementation and follow up at six months to ensure corrective actions are appropriate and effective.

Part D: Review and Approval

- Incident investigator has printed, signed and dated that they have completed the IIR form
- The incident investigation report is reviewed with the affected employee(s). Ensure the report is signed and dated by the employee(s).
- The manager has reviewed the incident investigation report and approved, if they did not complete the investigation.

Part E: Distribution – IIR has been provided to the following:

- Manager/Director
- SAFE (fax to 902-461-8073)
- Applicable JOHSC
- All affected Employee(s)

INCIDENT CAUSE TABLE

Direct Causes

Unsafe Behaviors

- | | |
|---|---|
| <input type="checkbox"/> Operating Without Authority
<input type="checkbox"/> Operating at Improper Speed
<input type="checkbox"/> Failure to Secure Properly
<input type="checkbox"/> Failure to Warn of Hazard
<input type="checkbox"/> Making Safety Devices Inoperative
<input type="checkbox"/> Using Defective Equipment/Tools
<input type="checkbox"/> Failure to Wear Proper PPE
<input type="checkbox"/> Unsafe Loading/Unloading
<input type="checkbox"/> Unsafe Position or Posture
<input type="checkbox"/> Improper Lifting | <input type="checkbox"/> Servicing Operating Equipment
<input type="checkbox"/> Horseplay
<input type="checkbox"/> Under Influence of Alcohol and/or Drugs
<input type="checkbox"/> Failure to Use Equipment Properly
<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"/> Working on Moving Equipment
<input type="checkbox"/> Other (specify): |
|---|---|

Unsafe Conditions

- | | |
|---|---|
| <input type="checkbox"/> Inadequate Guards or Barriers
<input type="checkbox"/> Inadequate or Improper Protective Equipment
<input type="checkbox"/> Defective Tools or Equipment
<input type="checkbox"/> Congested Work Area
<input type="checkbox"/> Inadequate Warning System
<input type="checkbox"/> Fire/Explosion hazards
<input type="checkbox"/> Poor Housekeeping
<input type="checkbox"/> Inadequate Lighting
<input type="checkbox"/> Inadequate Ventilation | <input type="checkbox"/> Hazardous Environmental Conditions
<input type="checkbox"/> Road Conditions
<input type="checkbox"/> Extreme Weather
<input type="checkbox"/> Noise exposure
<input type="checkbox"/> Radiation exposure
<input type="checkbox"/> Extreme Temperature
<input type="checkbox"/> Unsafe Mobile Equipment
<input type="checkbox"/> Other (specify) |
|---|---|

Indirect Causes

Personal Factors

-
- Inadequate Physical Capability
-
-
- Inadequate Mental Capability
-
-
- Physical Stress
-
-
- Mental Stress
-
-
- Lack of Knowledge
-
-
- Lack of Skill
-
-
- Improper Motivation
-
-
- Other (specify):

Job Factors

-
- Inadequate Leadership or Supervision
-
-
- Inadequate Engineering Controls
-
-
- Inadequate Purchasing
-
-
- Inadequate Maintenance (scheduled or preventive)
-
-
- Inadequate Tools or Equipment
-
-
- Inadequate Work Standards
-
-
- Wear and Tear
-
-
- Abuse or Misuse of Equipment
-
-
- Other (specify):

Root Causes

- | | |
|---|--|
| <input type="checkbox"/> Management Commitment & Administration
<input type="checkbox"/> Leadership Training
<input type="checkbox"/> Planned Inspections
<input type="checkbox"/> Preventative Maintenance
<input type="checkbox"/> Hazard Identification
<input type="checkbox"/> Safe Work Practices and/or Procedures
<input type="checkbox"/> Inadequate Previous Incident Investigation
<input type="checkbox"/> Off the Job Safety Promotion
<input type="checkbox"/> Other (specify): | <input type="checkbox"/> Emergency Preparedness and Response
<input type="checkbox"/> Company Safety Rules and Work Permitting
<input type="checkbox"/> Worker Knowledge & Skill Training
<input type="checkbox"/> Personal Protective Equipment (PPE)
<input type="checkbox"/> Personal or Group Communications
<input type="checkbox"/> Hygiene and Sanitation
<input type="checkbox"/> Hiring & Placement Standards
<input type="checkbox"/> Purchase Controls |
|---|--|