

Incident investigation form

Worker JHSC committee members may use the incident investigation form to document the investigation of incidents in the workplace. Incidents include near misses, injuries requiring medical attention, incidents of violence or harassment, no lost-time and lost-time claim injuries (including critical injuries) and fatalities. The guide below this form can be used to incite questions during the investigation. OHSAA S(9)

Note: In the case of a fatal or critical injury, this document could be subpoenaed.

WHO is involved?		
Name:	Worker	Other (e.g. visitor, contractor) _____
Address:	Job title:	
Email (work and personal):	Phone (work and personal):	
Reported by:	Job title (if not worker):	
Email:	Phone:	Ext:
Witness name(s):	Witness contact info:	
WHEN and WHERE did the incident happen?		
Date today:	Date of incident:	
Time of incident:	Length of shift:	
Location of incident (department, area, etc.):		
WHAT happened? Use additional paper as necessary for descriptions, drawings, photos, etc. and attach to form.		
Describe the incident (use the investigation guide to report any contributing events or circumstances):		
Describe the outcome (e.g. impact, potential harm, health effects, property damage):		
Type of incident (check all that apply):		
Fatal/critical [51]	Exposure to hazardous agents [33]	Violence [32]
Harassment [32]	Injury [52]	Near miss

Hazard category (check all that apply): <div> <div>Biological (bacteria, viruses, fungi, etc.)</div> <div>Chemical (fumes, liquids, gases, etc.)</div> <div>Ergonomic (job design, workplace configuration, etc.)</div> </div> <div> <div>Physical (noise, vibration, temperature, etc.)</div> <div>Psychosocial (workload, shiftwork, etc.)</div> <div>Safety (housekeeping, maintenance, etc.)</div> </div>	
Did the person experience a lost-time injury (LTI)?: <div> <div>Yes</div> <div>No</div> <div>N/A</div> <div>Not sure</div> </div> <p>Note: A LTI is when a worker suffers a work-related injury/disease which results in being off work past the day of the injury, loss of wages/earnings, or a permanent disability/impairment.</p>	
WHY did the incident happen? Use the investigation guide to identify any potential contributing events or conditions (e.g. poor lighting, lack of training):	
HOW was the issue addressed? Describe corrective measures taken to address the hazards related to the incident (can use additional paper): <div> <div>Immediate:</div> <div>Long term:</div> </div>	
Was first aid provided? Y N N/A Name and contact information of first aid provider:	Details of provision (e.g. time and method of delivery):
Where did the worker go after the incident? <div> <div>Hospital</div> <div>Home</div> <div>Work</div> <div>Family doctor</div> <div>Clinic</div> <div>Other, if relevant _____</div> </div> Medical attention received in short or long term for injury (e.g. physio): _____	
Which of the following WSIB forms were completed? <div> <div>Form 6 (worker)</div> <div>Form 7 (employer)</div> <div>Form 8 (doctor)</div> <div>Functional Abilities Form (doctor)</div> <div>Form 3958A - Worker's exposure incident form (worker)</div> </div>	
Was a member of the joint committee notified? Y N N/A Name of joint committee member: Date member was notified:	
Has the joint committee submitted recommendations? Y N Not sure	
Investigated by:	
Name: Title: Signature:	Name: Title: Signature:

Incident investigation guide

Worker representatives can use this guide to facilitate investigations.

Hazardous conditions
Lighting [e.g. How is the lighting level? Is the lighting sufficient? Is it subject to change and if so, how?]
Temperature/humidity [e.g. What is the temperature? Is it subject to change? Is there AC or heating?]
Noise [e.g. How are the noise levels? Have measurements been taken at different times of the day and night?]
Air quality [e.g. How does the HVAC system work? Was an air quality test conducted in the past?]
Workplace layout [e.g. How could it contribute? Has the layout changed? Is there adequate space?]
Flooring [e.g. Is the flooring level? Has it been altered at all? Are there any slip, trip or fall hazards present?]
Housekeeping [e.g. How often is the space cleaned? Are walkways and work areas clear of obstacles?]
Personal Protective Equipment [e.g. Are there any defects, wear or tear? Is the PPE sufficient for task?]
Equipment [e.g. Did past maintenance reports record any deficiencies? Are manuals available?]
Training, job experience and supervision
Employee experience on the job [e.g. Has workload increased? Have the tasks changed?]
Safety training [e.g. When was training received? What type of training? Who delivered the training?]
Supervision [e.g. Was a supervisor present? Did they witness the incident? What was their response?]
Supervisor training [e.g. What training have supervisors received? Are they competent according to the Act?]
Training delivery [e.g. How was training delivered – online, in person or mixed? Who designed the training?]
Training frequency [e.g. How often is training delivered? When is it delivered?]
Policies and procedures
Safe use of equipment [e.g. Is it safe? Has it been inspected? Have employees been trained on proper use?]
Safe handling of materials and controlled products [e.g. Are Safety Data Sheets available? How are materials handled?]
OHS policy [e.g. What is the OHS policy? Is it reviewed every year? Has it changed? How is it implemented?]
OHS reports [e.g. Have they been conducted? Have employees or the JHSC reviewed them? Were they posted?]
JHSC [e.g. Are meeting minutes and the Act posted? Do monthly inspections and quarterly meetings occur?]
Workplace violence policies/programs [e.g. Are they reviewed yearly? Has a risk assessment been performed?]
Emergency preparedness [e.g. How often are drills performed? Are workers aware of the fire safety plan?]
Historical injuries
History of incidents [e.g. Has anyone experienced similar symptoms or incidents? What was done?]
Evidence of unsafe practices being condoned by management [e.g. Who has witnessed or reported incidents?]