

Safety Coordinator=s Incident Investigation Report

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DATE, TIME AND LOCATION OF INCIDENT

Date:	Time:	Location:
Location (details):		

WORKER INFORMATION

Name: (Last)	Name: (First)
Job Title:	Supervisor:

WORKER INFORMATION

TYPE OF INVESTIGATION: <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> OTHER (NEAR MISS) WHAT INJURIES DID THE WORKER SUSTAIN?
SEVERITY: <input type="checkbox"/> FIRST AID <input type="checkbox"/> MEDICAL AID <input type="checkbox"/> LOST TIME INJURY NO OF LOST TIME DAYS:

EQUIPMENT/PROPERTY DAMAGE INFORMATION

EQUIPMENT INVOLVED:
EQUIPMENT DAMAGED:
APPROX. COST (IF APPLICABLE): \$

<u>IF THIS WAS A NEAR MISS INCIDENT, HOW SERIOUS WAS THE POTENTIAL FOR DAMAGE OR INJURY:</u>

age: 1.



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HOW DID THE INCIDENT/NEAR MISS OCCUR? (ANALYZE WHAT HAPPENED TO DETERMINE THE ROOT CAUSE(S))

RECOMMENDATIONS:

CORRECTIVE ACTIONS IMPLEMENTED?

ACTION PLAN (S) IS/ARE REQUIRED TO ENSURE THAT CORRECTIVE ACTIONS ARE IMPLEMENTED: 

SUPERVISORS WILL ENSURE THAT CORRECTIVE ACTIONS ARE IMPLEMENTED: 

ALL CORRECTIVE ACTIONS MUST BE FOLLOWED UP WITH A COMPLETED HAZARD CORRECTION FORM!

INVESTIGATED BY:

MANAGEMENT REVIEW:

REVIEWED BY: _____

DATE: _____

SIGNATURE: _____

NOTE: This report must be made available to Company Senior management, the Company Safety

Coordinator and the person(s) involved with this incident.

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