OCCUPATIONAL HEALTH & SAFETY INCIDENT INVESTIGATION FORM

(to be completed by Principal, Supervisor, Manager)

School/Workplace:_____

Person(s) Involved:_____
(name and job title)_____

Type of Incident:

- ☐ Bodily Injury:
  - ○ First Aid Only
  - ○ Medical Attention (also report to WCB or Injury-on-Duty)
  - ○ Lost Time (also report to WCB or Injury-on-Duty)

  Type of injury: ie, strain, cut, burn; Body part(s): ie, right hand, upper back
  _____
  _____
  _____
- ☐ Violence in the Workplace (continue to Page 3 & 4)
- ☐ Property Damage (also report to SIP)
- ☐ Fire or explosion (also report to SIP)
- ☐ Near Miss

Location: Floor:_____ Room:____ Other:_____

Date of Incident:_____Time:_____

Any witnesses:_____

Description of Incident – what happened? (include photos if helpful)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Preparation Date: December 4, 2000
Revision Date: December 15, 2014

Indirect causes and contributing factors – how did this happen (unsafe acts/conditions):

_____
_____
_____
_____

Basic causes – why did this happen (personal or job factors):

_____
_____
_____
_____

☐ Incident investigation reviewed with JOHS Committee/Representative (comments below):

_____
_____
_____
_____

Preventative actions to reduce or eliminate the change of recurrence:

Action:	Assigned to:	Completed
_____	_____	☐
_____	_____	☐
_____	_____	☐
_____	_____	☐

Any other information:

_____
_____
_____
_____

Signature: _____ Date: _____

ORIGINAL TO BE FILED AT SCHOOL/WORKPLACE
COPY TO HEALTH AND SAFETY MANAGER:
gsinclair@ssrsb.ca