

ENVIRONMENTAL HEALTH AND SAFETY



**University
of Manitoba**

INCIDENT INVESTIGATION REPORT

TITLE

DATE OF REPORT (DD-MONTH-YYYY)

**Form Revised
Date: May 2019**

INCIDENT REPORT FORM

Important Note: If an individual was injured, please complete the Notice of Injury form – Please click on this [Page Link](#) or go to this web address:

http://umanitoba.ca/admin/vp_admin/risk_management/ehso/occ_health_comp/aiwcb.html

PART I - PARTICULARS

Location of Incident:

Date of Incident:

Time of Incident:

DD – MONTH – YYYY

PLEASE USE 24 HR FORMAT

Did the Incident Involve Injury?

YES

NO

Individual(s) Injured
and/or Involved:

Name:

Occupation or Job Title:

Supervisor's

Name:

First Name

Middle

Last Name

Did the Incident Involve Property Damage?

YES

NO

If Yes, Describe: (Example: Damage to fume hood, smoke damage to room, flooding, fire, structural, etc.)

Was First Aid Rendered?

YES

NO

If Yes, by Whom: (If external emergency assistance was required, please provide details)

PART II - DESCRIPTION OF INCIDENT

Describe in Detail the Incident

PART III – INCIDENT CAUSATION

What was the Direct Cause of the Incident? (What caused injury or damage)

What were the Contributing Factors to the Incident? (What factors led to the incident happening)

Task – Was there something about the job that contributed?

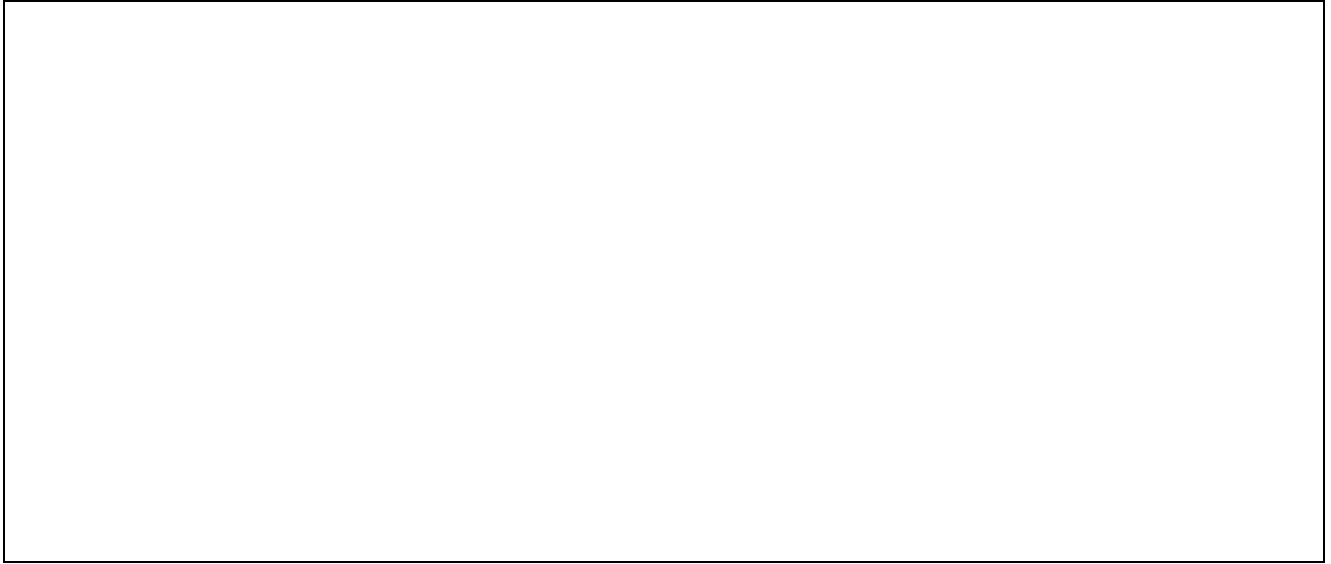
Was Training sufficient? What was the worker's level of experience? When was the worker last trained on this task/procedure?

Material/Equipment – Was the equipment well designed and in good repair? Were the safety systems installed and working?

Was the worker rushed? Was the worker fatigued?

Environment – Was the workspace in good order – sufficient lighting, proper temperature control, free of clutter, room to work freely, etc.?

Identify any other contributing factors that were not listed above

A large, empty rectangular box with a thin black border, intended for the user to write any other contributing factors that were not listed above.

PART IV - EVIDENCE

Physical:

Photo / Video Evidence: (List and describe the photos and videos)

Persons with Information

Person #1: _____
FIRST NAME MIDDLE LAST NAME

Date Interviewed: _____ **Occupation:** _____
DD-MM-YYYY

Did you witness the incident? YES NO

Person #1 Statement:

Person #2: _____
FIRST NAME MIDDLE LAST NAME

Date Interviewed: _____ **Occupation:** _____
DD-MM-YYYY

Did you witness the incident? YES NO

Person #2 Statement:

Person #3: _____
FIRST NAME MIDDLE LAST NAME

Date Interviewed: _____ **Occupation:** _____
DD-MM-YYYY

Did you witness the incident? YES NO

Person # 3 Statement:

PART V – CORRECTIVE ACTION

1. Immediate Corrective Actions to Prevent Recurrence (Direct Cause Fixes):

2. Recommendations to Correct the Contributing Factors Identified in Part III (Long-term, Permanent):

PART VI - REPORT REVIEW

**Signature of
Investigator(s)**

SIGNATURE

PLEASE PRINT NAME

**Reviewing
Committee
Name:**

CHAIR PERSON SIGNATURE

PLEASE PRINT NAME

**Reviewing
Committee
Name:**

CHAIR PERSON SIGNATURE

PLEASE PRINT NAME

**Date of
Completed
Report:**

DD-MM-YYYY

Copies to LASH Co-Chairs – Local Area Safety and Health (LASH) Committee:

YES

NO

Date:

DD-MM-YYYY

**Notice of Injury Form(s)
Appended?**

YES

NO

EHS OFFICE USE ONLY:

**Copy sent to Workplace
Safety and Health?**

YES NO DATE: _____

If NO, Reason:

DD-MM-YYYY

**Copy sent to Public Health
Agency of Canada?**

YES NO DATE: _____

If NO, Reason:

DD-MM-YYYY

**Copy sent to Canadian
Nuclear Safety Commission?**

YES NO DATE: _____

If NO, Reason:

DD-MM-YYYY