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| INCIDENT INVESTIGATION FORM  |  |  | | --- | --- | | Section A – To be completed by Worker | Report Reference #  To be completed by administration | | Who was involved? | | | Were there any witnesses?  Y  N (if yes, list names below) | | | 1) | 2) | | 3) | 4) | | What happened? | | | When/Date: | Time:  AM PM | | Where? | | | Report Completed by: | Date: |  |  |  | | --- | --- | | Section B – To be completed by Investigator | Report Reference # | | Investigation completed by: | Date/Time:  AM PM | | What was the immediate cause? | | | What was the underlying cause? | | | What training, instruction, orientation and cautions were given before the incident? | | | Recommendation for further action: | | | Section C – Management Review Process | Reported to OH&S Office  Y  N | | Comments/Recommendations (To be completed by whom): | | | Reviewed by Supervisor: | Date: | | Reviewed by Manager: | Date: | |