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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: |

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