

INVESTIGATIONS

SECTION 9

INVESTIGATIONS

INVESTIGATION POLICY

Investigation Policy - Sample 1	4
Investigation Policy - Sample 2	5

INVESTIGATION FORMS

Incident Investigation Report - Sample 1	7
Incident Investigation Report - Sample 2	8-9
Incident Investigation Report - Sample 3	10-11

INVESTIGATION POLICY

Investigation Policy

Purpose

The purpose of this policy is to ensure that incidents are investigated so that causes can be determined and corrective actions implemented to prevent recurrence.

Policy

In this company, the following types of incidents shall be fully investigated:

1. Incidents that result in injuries requiring medical aid;
2. Incidents that cause property damage or interrupt operation with potential loss exceeding \$(X).00;
3. Incidents that have the potential to result in (1) or (2) above;
4. All incidents that in accordance with Section 63 of the Nova Scotia Occupational Health and Safety Act, must be reported to Department of Labour, or other regulatory agencies such as the Workers Compensation Board.

Responsibilities

1. All employees shall report all incidents to their immediate superior.
2. Supervisors, with the help of the safety rep/committee, shall conduct initial investigations and submit reports to their superintendent promptly.
3. Superintendents shall determine the need for and, if necessary, direct detailed investigations. They shall also help to determine causes, recommend corrective action, and report to the manager.
4. The manager shall review incident reports, approve appropriate corrective action to be taken, and ensure that such action is implemented.

Signed: _____

Date: _____

Investigation Policy

- It is the policy of this company to thoroughly investigate all incidents that result in injury or property damage, or that could have resulted in injury or property damage.
- The purpose of such investigation shall be to determine causes of the incident so that appropriate action can be taken to prevent recurrence.
- Supervisors, with the help of the safety rep/committee shall be responsible for conducting investigations and submitting reports to the manager.

The manager shall determine and implement the appropriate measures to prevent recurrence.

Signed: _____

Date: _____

INVESTIGATION FORMS

Incident Investigation Report

Company Name

Date: _____

Who was involved? _____

What happened? _____

When? Date: _____

Time: _____

Where? _____

What were the immediate causes? _____

What were the underlying causes? _____

What training, instruction, cautions, were given before the incident? _____

How can similar incident be prevented in the future? _____

Person in Charge: _____

Signature: _____

Reviewed by Senior Manager: _____

Incident Investigation Report

Company Name: _____

Date: _____

Project: _____

Company: _____

Time: _____

ate of Incident: _____

Location: _____

WCB Form Completed: **YES** **NO**

DOEL Notified: **YES** **NO**

Name of Person in Charge: _____

Person(s) Involved:

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

Incident reported by: _____ Date Reported: _____

Time Reported: _____

Description of incident (what equipment, tools, materials, etc. were involved? What was the job being done? What happened?)

Injuries (person injured)

Name: _____ Date of birth: _____

Address: _____

Was first aid given? **YES** ____ **NO** ____ By whom? _____

Was the injured transported to medical aid? **YES** _____ **NO** _____

By whom: _____

Where to? _____

Name of Doctor: _____

Conditions at time of incident (weather, status of job, housekeeping, etc.)

Diagram of Scene

What were the causes of the incident?

Immediate? _____

Underlying?

Recommended action(s) to prevent re-occurrence?

Immediate? _____

Long-term?

Persons(s) responsible for implementing corrective action(s)?

Signatures:

Supervisor: _____ Superintendent: _____

Witnesses:

Name	Address	Phone
_____	_____	_____
Name	Address	Phone

Incident Investigation Report

Company Name: _____

Date: _____

File Number: _____

1. Incident Type: Injury/Illness Property Damage Minor Potential
 Fire Spill Other

2. Incident date (Y/M/D) _____/_____/_____

3. Time (24 hour clock) _____

Area: _____

5. Specific Location: _____

Injury / Illness

6. First Aid 9 Medical Aid 9 Modified Work 9 Lost Time 9 Fatal 9

7. Nature of injury: _____

8. Name of Employee: _____ 8. Sex: _____ Age: _____

9. Shift: _____

10. Occupation: _____ Experience: _____

11. Object / Equipment / Substance inflicting injury / damage:

12. Person with most control over item(s) in 11 above:

Name: _____

Department: _____

Property Damage:

13. Description of property: _____

14. Description of damage: _____

15. Estimated Cost: _____

Other Actual/Potential Loss

16. Type: _____

17. Description: _____

18. Estimated Cost: _____

19. Evaluation of risk potential if not corrected

A. Loss of severity potential Major Serious Minor

B. Probable Recurrence Rate Frequent Occasional Rare

10. Description of Incident:

Diagram of Scene

21. Witness(es): _____

Witness(es) statement(s) attached? **YES** **NO**

22. Immediate Cause(s): _____

Description: _____

23. Underlying Cause(s): _____

Description: _____

24. Corrective action(s) (immediate, interim, final): _____

25. Date report completed: (Y/M/D) ____/____/____

Supervisor: _____

Employee: _____