**Sample Incident Report & Investigation Report**

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| **INCIDENT REPORT – Section A: Completed by Employee and/or Supervisor** | | | | | | | | |
| **Date of Event:** |  | | **Where did it happen?**  *(address, building, floor, room number if applicable)* | | |  | | |
| **Time of Event:** |  | |
| **Employee(s) involved:** |  | | | **Contact Info:** | |  | | |
| **Incident resulted in *(check all that apply)*:**  No injury or property damage  Vehicle accident  Property loss or damage  Other:  Injury (complete a WSCC Worker Report of Injury) | | | | | | | | |
| **In your own words, describe what happened:** | |  | | | | | | |
| **Who was involved?** | |  | | | | | | |
| **Witness(es) name(s) and contact information (if applicable*)*:** | |  | | | | | **Incident was also reported to:**  RCMP  Other: | |
| **What may have contributed to the incident?** | |  | | | | | | |
| **What happened after the incident?** | | Remained at work  First Aid was administered   Other: | | | | Missed work  Medical treatment was required | | |
| **Reported by:** | |  | | | **Supervisor:** | | |  |
| **Date Submitted:** | |  | | | | | | |

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| **INCIDENT INVESTIGATION – Section B: Completed by Supervisor or Investigation Team** | | | | | |
| **Supervisor Name or Investigation Team Members:** |  | | | | |
| **Provide additional scene details.**  ▪ Attach photos  ▪ Use diagrams | *Interview transcripts are attached.*  *More information attached.* | | | | |
| **What might have contributed to the incident?**  (i.e., lack of training, environment, lack of housekeeping, etc.) | *More information attached.* | | | | |
| **What steps should be taken so this does not happen again?** | *More information attached.* | | | | |
| Report accidents causing serious bodily injury and dangerous occurrences to the WSCC Chief Safety Officer as soon as reasonably   WSCC Chief Safety Officer at 1-800-661-0792. **Has this been done?** | | | | N/A  Yes  No | |
| **Corrective Actions and/or Recommendations** | | **Person or Party Responsible** | **Due Date** | | **✓** when  Complete |
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| **Comments:**  *More information attached.* | | | | | |