**Sample Incident Report & Investigation Report**

|  |
| --- |
| **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:** |  |

|  |
| --- |
| **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** | **✓** whenComplete |
|  |  |  |[ ]
|  |  |  |[ ]
|  |  |  |[ ]
| **Comments:**[ ]  *More information attached.* |