

# Section: PS 818-D

## Incident Investigation Report Template

Last revised: NOVEMBER 2019  
Last reviewed: NOVEMBER 2019  
Next review: NOVEMBER 2020

Public Service Commission

*The guide below is intended to be completed by an Investigation Team when a formal investigation is required. Personal information and personal health information is collected during such investigation should be treated according to The Freedom of Information and Protection of Privacy Act, The Health Information Protection Act, and The Occupational Health and Safety Regulations, 2020.*

### INCIDENT INVESTIGATION REPORT

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#### Investigating Team Members:

<b>Name (Lead)/Title:</b>	
Name/Job Title:	
Name/Job Title:	
Name/Job Title:	
Name/Job Title:	

**Report Date:**

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### INCIDENT INVESTIGATION REPORT

#### EXECUTIVE SUMMARY:

*[Provide a high-level summary of the nature of the incident circumstances, the role of those involved in the incident, the injuries sustained, emergency response provided, and any other related information as needed].*

#### Root Causes:

*[List the identified root causes]*

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#### Recommended Corrective Actions:

	Action Required	Target Completion Date:
1.		
2.		
3.		
4.		

Upon receiving this report and reviewing the recommendations, the employer is required to develop a Corrective Action Plan to address deficiencies noted as a result of the incident. Regular progress reports shall be submitted to the local Occupational Health Committee [or designate] to monitor the completion status of the recommendations.

\_\_\_\_\_  
*Lead Investigator's Signature*

\_\_\_\_\_  
*Date*

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### 1. SUMMARY OF INCIDENT:

*[Provide a high level summary of the incident and what occurred].*

### 2. WHO WAS INVOLVED:

*[List the individuals who were directly involved in the incident].*

NAME	ROLE IN INCIDENT	PHONE #

### 3. INTERVIEWS:

*[Identify who was interviewed and when].*

DATE	TIME	WHO

### 4. NATURE OF INJURIES:

*[Describe the nature, type and severity of any injuries].*

### 5. PHYSICAL LAYOUT:

*[Include a layout map, floor plan or drawing indicating the approximate location and distance of the elements involved in the incident].*

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### 6. FACTUAL CHRONOLOGY OF EVENTS:

*[Provide a step by step of date/time and what occurred leading up to the incident].*

DATE/TIME	WHAT OCCURRED

### 7. PHYSICAL EVIDENCE:

*[List any physical evidence gathered during the investigation. Include measurements taken, photographs, samples, etc.].*

### 8. DOCUMENTARY EVIDENCE:

*[List any documentary evidence gathered during the investigation (e.g. policies, procedures, preventive maintenance documentation, training records, etc.)].*

### 9. INCIDENT CAUSATION FACTORS:

*[Identify specific causative factors that contributed to the incident. Refer to Appendix F - Reference Guide – Possible Indirect/Root Causes].*

#### a. Task/Procedure

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#### b. Material/Equipment

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- 
- 
- 

#### c. Environment

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- 
- 
- 

#### d. People

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**e. Administrative**

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**10. CONTRIBUTING FACTORS:**

*[Following an analysis of the facts of the incident, determine the contributing factors. Refer to Appendix F – Indirect and Root Cause Reference Guide].*

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**11. ROOT CAUSES:**

*[Following further analysis of the incident, determine the root causes. Refer to Appendix F – Indirect and Root Cause Reference Guide].*

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**12. RECOMMENDATIONS:**

*[Determine possible corrective actions that will address the deficiencies noted as contributing factors and root causes].*

	Recommended Action	Complete by: (date)
1.		
2.		
3.		
4.		
5.		
6.		

\_\_\_\_\_  
 Lead Investigator's Signature

\_\_\_\_\_  
 Date

Copies distributed by Director to:

- Central Incident Resource
- Senior Leadership (as required)
- Supervisor
- Employee(s)
- OHC Co-chairs (if exist)
- Other (list): \_\_\_\_\_