INCIDENT / ACCIDENT INVESTIGATION REPORT

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|  | Company | Division | | Department | | | WorkSafeNB Employer # |
|  | STEP 1 – Description of the accident | | | | | | |
| **M**  **I**  **S**  **H**  **A**  **P** | Type of injury – *multiple selection(s) possible*  FA 🞎 First aid (at scene)  MA 🞎 Medical aid only (hospital / physician)  LT 🞎 Lost-time  NLT 🞎 No lost-time  F 🞎 Fatal  Name of injured person | | Occupation at the time of the injury\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Experience in the job where the accident occurred 🞎 A 0-6 months 🞎 B 7-12 months  🞎 C 1-3 years 🞎 D 4-10 years 🞎 E more than 10 years  What training had been given in the safe performance of the work? (multiple selection possible) 🞎 Orientation to H&S 🞎 Orientation to *5\*22* 🞎 OH&S Act 🞎 General Regulation 91-191  🞎 WHMIS 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | Nature of injury | | Describe ‘actual’ property & process loss | | | Describe ‘potential’ property & process loss | |
|  | Location of mishap (be specific)    mm/dd/yy Date of mishap: Time: 🞎 a.m. 🞎 p.m. Date reported: Time: 🞎 a.m. 🞎 p.m. | | | | | | |
|  | Describe how the mishap occurred: Include what the person(s) was doing, trying to do and anything unusual. | | | | | | |
| D |  | | | | | | |
| **E** |  | | | | | | |
| **S** |  | | | | | | |
| **C** |  | | | | | | |
| **R** |  | | | | | | |
| **I** |  | | | | | | |
| **P** |  | | | | | | |
| **T** |  | | | | | | |
| **I** |  | | | | | | |
| **O** |  | | | | | | |
| **N** |  | | | | | | |
|  | If there is a written job procedure for the job being performed? Yes 🞎 No 🞎 N/A 🞎  Identify equipment/material involved *(Make and model, size, weight, shape where pertinent)* | | | | | | |
|  | Witness name (#1) Number Diagram | | Witness name (#2) Number Diagram | | Witness name (#3) Number Diagram | | |
| **S**  **K**  **E**  **T**  **C**  **H** | Sketch, diagram and/or additional notes. | | | | | | |

**1.**

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| **L**  **O**  **S**  **S** | **STEP 2 - Circle the letter(s), which best identifies the loss potential if the hazard(s) is not eliminated or controlled**. ACTUAL / POTENTIAL SEVERITY | |
| **P**  **O T** | PROBABILITY OF RECURRENCE | Death, permanent Lost time injury or Medical aid injury only First aid injury only  total disability or property damage or property damage or  property damage › $10,000 › $1,000 property damage  › $100,000 ‹ $100,000 ‹ $10,000 ‹ $1,000 |
| **E** N T **I**  **A**  **L** | Frequent  Occasional  Rare | A D G J  B E H K  C F I L |
|  | STEP 3 - Identify the type of contact or near contact with energy or substance 🞏 Struck against (running / bumping into)  🞏 Struck by (hit by moving object)  🞏 Fall to lower level  🞏 Fall on same level (slip & fall, trip over)  🞏 Caught in (pinch and nip points)  🞏 Caught on (snagged, hung)  🞏 Caught between or under (crushed or amputated)  🞏 Overstress, overexertion, overload  🞏 Contact with (electricity, heat, cold, radiation, caustics, toxics, noise) | |

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|  | **STEP 4 - Identify the substandard work practices and work conditions that caused or could have caused this mishap.**  **For each item mark Yes or No. Explain Yes selections in the space below.** | | | | | | | | | | | | | |
| **I**  **MM**  **E**  **D**  **I**  **A**  **T**  **E**  **/**  **D**  **I**  **R**  **E**  **C**  **T** | YES 🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎 | NO 🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎 | | CODE SWP-1  SWP-2  SWP-3  SWP-4  SWP-5  SWP-6  SWP-7  SWP-8  SWP-9  SWP-10  SWP-11  SWP-12  SWP-13  SWP-14  SWP-15  SWP-16  SWP-17  SWP-18 | | | SUBSTANDARD WORK PRACTICES Operating equipment without authority  Failure to warn  Failure to secure / make safe  Operating at improper speed  Making safety devices inoperative  Removing safety devices  Using defective / improper equipment  Using equipment improperly  Failure to use PPE properly  Improper loading  Improper placement  Improper lifting  Improper position for task  Servicing equipment in operation  Horseplay  Influence of alcohol / drugs suspected  Inattention / negligence  Failure to follow a specific work procedure | YES 🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎 | | NO 🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎 | | CODE  SWC-1  SWC-2  SWC-3  SWC-4  SWC-5  SWC-6  SWC-7  SWC-8  SWC-9  SWC-10  SWC-11  SWC-12  SWC-13 | | SUBSTANDARD WORK CONDITIONS Inadequate guards or barriers  Inadequate / improper protective equipment  Defective tools, equipment or materials  Congestion or restricted action  Inadequate warning system  Fire and explosion hazards  Poor housekeeping / disorder  Hazardous environmental conditions;  gases, dusts, smoke, fumes, vapours  Noise exposure  Radiation exposure  Temperature extremes  Inadequate or excessive illumination  Inadequate ventilation |
|  | Code | | | How did the immediate / direct cause(s) contribute to the mishap? | | | | | | | | | | |
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| C |  | | |  | | | | | | | | | | |
| **A** |  | | |  | | | | | | | | | | |
| **U** |  | | |  | | | | | | | | | | |
| **S** |  | | |  | | | | | | | | | | |
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| **S** |  | | |  | | | | | | | | | | |
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| **BA** | **STEP 5 - Identify the basic / underlying causes for the existence of the substandard work practices and conditions selected above by marking each factor below with a Yes or No.** | | | | | | | | | | | | | |
| **S**  **I**  **C**  **/**  **UNDER**  **L**  **Y** | YES 🞎  🞎  🞎  🞎  🞎  🞎 | | NO 🞎  🞎  🞎  🞎  🞎  🞎 | | CODE PF-1  PF-2  PF-3  PF-4  PF-5  PF-6 | PERSONAL FACTORS Inadequate physical / physiological capability  Inadequate mental psychological capability  Physical or physiological stress  Mental or psychological stress  Lack of knowledge  Lack of skill | | | YES 🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎 | | NO 🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎 | | CODE JF-1  JF-2  JF-3  JF-4  JF-5  JF-6  JF-7 JF-8  JF-9 | JOB FACTORS Improper motivation  Inadequate leadership and / or supervision  Inadequate engineering  Inadequate purchasing  Inadequate maintenance  Inadequate tools / equipment  Inadequate work standards  Excessive wear and tear  Abuse or misuse |

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| **I**  **N**  **G** | Describe how does the immediate / direct causes stem from the basic / underlying causes. | | |
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| **C** |  | | |
| **A** |  | | |
| **U** |  | | |
| **S** |  | | |
| **E** |  | | |
| **S** |  | | |
| **C**  **O** | Basic / underlying causes or mishaps are the result of lack of control. Lack of control in this mishap was the result of *(multiple selections possible)* | | |
| **N**  **T**  **R**  **O**  **L** | Inadequate H&S system / infrastructure  Inadequate standards  Inadequate compliance to standards | 🞎 Yes  🞎 Yes  🞎 Yes | 🞎 No  🞎 No  🞎 No |

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| **STEP 6 - Recommended actions to correct immediate / direct causes.** | | Responsibility | Date to be Completed | Date Completed |
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| **STEP 7 - Recommended H&S infrastructure improvements to address the basic / underlying (root) causes. *Use the 5\*22 framework outlined below. If necessary, use the back of this page.*** | | Responsibility | Date to be  Completed | Date Completed |
| **(1) H&S Responsibility** |  |  |  |  |
| 1. Health & Safety Policy |  |  |  |  |
| 2. Health & Safety Plan |  |  |  |  |
| 3. General Health & Safety Rules |  |  |  |  |
| 4. Health & Safety Procedures/Practices |  |  |  |  |
| 5. Legal Obligations |  |  |  |  |
| 6. Health & Safety Actions |  |  |  |  |
| **(2) Management Commitment** |  |  |  |  |
| 7. Health & Safety Communication |  |  |  |  |
| 8. Management Support |  |  |  |  |
| 9. Well-being of Employees |  |  |  |  |
| **(3) Employee Involvement** |  |  |  |  |
| 10. Health & Safety Orientation |  |  |  |  |
| 11. Employee Participation |  |  |  |  |
| 12. Required Safe Work Practices |  |  |  |  |
| **(4) Hazard & Risk Management** |  |  |  |  |
| 13. Identification of Hazards & Risks |  |  |  |  |
| 14. Control of Hazards & Risks |  |  |  |  |
| 15. Hazard & Risk Reporting |  |  |  |  |
| 16. Accident Reporting |  |  |  |  |
| 17. Accident Investigation |  |  |  |  |
| 18. Accident and Injury Analysis |  |  |  |  |
| 19. Health & Safety Inspections |  |  |  |  |
| **(5) H&S Education** |  |  |  |  |
| 20. Health & Safety Educational Needs |  |  |  |  |
| 21. Health & Safety Education Delivery |  |  |  |  |
| 22. Health & Safety Education Effectiveness |  |  |  |  |

**3.**