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 yearsWhat 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. |

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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** | PROBABILITYOFRECURRENCE |  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** | FrequentOccasionalRare |  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🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎 | CODESWP-1SWP-2SWP-3SWP-4SWP-5SWP-6SWP-7SWP-8SWP-9SWP-10SWP-11SWP-12SWP-13SWP-14SWP-15SWP-16SWP-17SWP-18 | SUBSTANDARD WORK PRACTICESOperating equipment without authorityFailure to warnFailure to secure / make safeOperating at improper speedMaking safety devices inoperativeRemoving safety devicesUsing defective / improper equipmentUsing equipment improperlyFailure to use PPE properlyImproper loadingImproper placement Improper liftingImproper position for taskServicing equipment in operationHorseplayInfluence of alcohol / drugs suspectedInattention / negligenceFailure to follow a specific work procedure | YES🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎 | NO🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎🞎 | CODESWC-1SWC-2SWC-3SWC-4SWC-5SWC-6SWC-7SWC-8SWC-9SWC-10SWC-11SWC-12SWC-13 | SUBSTANDARD WORK CONDITIONSInadequate guards or barriersInadequate / improper protective equipmentDefective tools, equipment or materialsCongestion or restricted actionInadequate warning systemFire and explosion hazardsPoor housekeeping / disorderHazardous environmental conditions;gases, dusts, smoke, fumes, vapoursNoise exposureRadiation exposureTemperature extremesInadequate or excessive illuminationInadequate ventilation |
|  | Code | How did the immediate / direct cause(s) contribute to the mishap? |
|  |  |  |
|  |  |  |
| C |  |  |
| **A** |  |  |
| **U** |  |  |
| **S** |  |  |
| **E** |  |  |
| **S** |  |  |
|  |  |  |
| **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🞎🞎🞎🞎🞎🞎 | CODEPF-1PF-2PF-3PF-4PF-5PF-6 | PERSONAL FACTORSInadequate physical / physiological capabilityInadequate mental psychological capabilityPhysical or physiological stressMental or psychological stress Lack of knowledgeLack of skill | YES🞎🞎🞎🞎🞎🞎🞎🞎🞎 | NO🞎🞎🞎🞎🞎🞎🞎🞎🞎 | CODEJF-1JF-2JF-3JF-4JF-5JF-6JF-7 JF-8JF-9 | JOB FACTORSImproper motivation Inadequate leadership and / or supervisionInadequate engineeringInadequate purchasingInadequate maintenanceInadequate tools / equipmentInadequate work standardsExcessive wear and tearAbuse or misuse |

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| **I****N****G** | Describe how does the immediate / direct causes stem from the basic / underlying causes. |
|  |  |
| **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 / infrastructureInadequate standardsInadequate 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 beCompleted | 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.**