

Incident Investigation- Form # 2

Instructions:

Form 2, to be completed by supervisor, or investigation team, to conduct the Incident Investigation. Submit completed form to the OHS Manager, within 24 hours of incident. If more time is required, please submit initial report and give anticipated time of completion, also indicated on Form # 1.

<p>Investigation Type* <input type="checkbox"/> Class A (Extreme Risk) <input type="checkbox"/> Class B (High Risk) <input type="checkbox"/> Class C (Medium Risk) <input type="checkbox"/> Class D (Low Risk)</p> <p>*Investigation Type defined in the Incident and Investigation Procedure</p>																																				
<p>BOX 1) Contributing Factors: Describe the events leading up to the Incident. What specific act did the worker perform? How did the Incident occur? Were tools, equipment or machinery involved? Did an unexpected event occur to cause the Incident? (Refer to the categories of Contributing Factors on the reverse side of this form). Using the guide identify the descriptor(s) that represent the contributing factors. <i>Attach additional sheets if necessary.</i></p> <p>People _____, _____, _____, Other _____ <input type="checkbox"/> N/A Equipment _____, _____, _____, Other _____, <input type="checkbox"/> N/A</p> <p>Materials _____, _____, _____, Other _____ <input type="checkbox"/> N/A Environment _____, _____, _____, Other _____, <input type="checkbox"/> N/A</p> <p>Brief Description:</p> 																																				
<p>BOX 2) Basic or Root Causes: Describe the conditions (causes) leading up to the event (refer to the categories of Basic or Root Cause on the reverse side of this form). Using the guide identify the descriptor(s) that represent the work; may use one or more Basic or Root Cause. <i>Attach additional sheets if necessary.</i></p> <p>Job Factors: _____, _____, _____ Other _____ <input type="checkbox"/> N/A Personal Factors: _____, _____, _____ Other _____ <input type="checkbox"/> N/A</p> <p>Brief Description:</p> 																																				
<p>BOX 3) Lack of Control: Describe the lack of control leading up to the event (refer to the categories of lack of control on the reverse side of this form). Using the guide identify the descriptor(s) that represent the loss of control, may use one or more. <i>Attach additional sheets if necessary.</i></p> <p>Inadequate Programs _____, _____, _____, Other _____, <input type="checkbox"/> N/A Inadequate Standards _____, _____, _____, Other _____, <input type="checkbox"/> N/A</p> <p>Inadequate Compliance to Set Standards _____, _____, _____, Other _____, <input type="checkbox"/> N/A</p> <p>Brief Description:</p> 																																				
<p>BOX 4) Recommendations: Indicate the required Controls/Corrective Actions, using the corresponding descriptor(s) from the guide. <i>Attach additional sheets if necessary</i></p> <p>Engineering _____, _____, _____, Other _____, <input type="checkbox"/> N/A Administrative _____, _____, _____, Other _____, <input type="checkbox"/> N/A</p> <p>Personal Protective Equipment _____, _____, _____, Other _____, <input type="checkbox"/> N/A</p> <p>Describe who, how and when the recommendations will be carried out:</p> 																																				
<p>5)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Unit Signing Authority (Please Print)</td> <td style="border: none;">Telephone Number</td> <td style="border: none;">Signature of Unit Signing Authority</td> <td style="border: none;">Date YY MM DD</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Date of Completion</td> <td style="border: none;">Date of Follow-Up</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>	_____	_____	_____	_____	Unit Signing Authority (Please Print)	Telephone Number	Signature of Unit Signing Authority	Date YY MM DD	_____	_____			Date of Completion	Date of Follow-Up																						
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<p>6) Investigation Team:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 16.6%; border: none;">_____</td> <td style="width: 16.6%; border: none;">_____</td> <td style="width: 16.6%; border: none;">_____</td> <td style="width: 16.6%; border: none;">_____</td> <td style="width: 16.6%; border: none;">_____</td> <td style="width: 16.6%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Name (Please Print)</td> <td style="border: none;">Telephone Number</td> <td style="border: none;">Signature</td> <td style="border: none;">Date YY MM DD</td> <td style="border: none;">Date of Completion</td> <td style="border: none;">Date of Follow-Up</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Name (Please Print)</td> <td style="border: none;">Telephone Number</td> <td style="border: none;">Signature</td> <td style="border: none;">Date YY MM DD</td> <td style="border: none;">Date of Completion</td> <td style="border: none;">Date of Follow-Up</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Name (Please Print)</td> <td style="border: none;">Telephone Number</td> <td style="border: none;">Signature</td> <td style="border: none;">Date YY MM DD</td> <td style="border: none;">Date of Completion</td> <td style="border: none;">Date of Follow-Up</td> </tr> </table>	_____	_____	_____	_____	_____	_____	Name (Please Print)	Telephone Number	Signature	Date YY MM DD	Date of Completion	Date of Follow-Up	_____	_____	_____	_____	_____	_____	Name (Please Print)	Telephone Number	Signature	Date YY MM DD	Date of Completion	Date of Follow-Up	_____	_____	_____	_____	_____	_____	Name (Please Print)	Telephone Number	Signature	Date YY MM DD	Date of Completion	Date of Follow-Up
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Causation Categories

Box 1 – Contributing Factors Category (Use as a guide when completing Contributing Factors Section).

Consider factors from each section, may use one or more

People

<ol style="list-style-type: none"> 1. Operating equipment without authority 2. Failure to warn 3. Failure to secure 4. Operating at improper speed 5. Making safety devices inoperable 6. Removing safety devices 	<ol style="list-style-type: none"> 7. Using defective equipment 8. Using equipment improperly 9. Failing to use PPE properly 10. Improper loading 11. Improper placement 12. Improper lifting 	<ol style="list-style-type: none"> 13. Improper position for the task 14. Servicing equipment in operation 15. Horseplay 16. Under influence of drugs/alcohol 17. Pre-existing injury/illness 18. Fatigue 19. Other
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Equipment

<ol style="list-style-type: none"> 1. Lack of equipment 2. Inadequate guard/barrier 	<ol style="list-style-type: none"> 3. Inadequate or improper protective equipment 4. Defective tools, equipment 	<ol style="list-style-type: none"> 5. Inadequate warning systems 6. Other
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Materials

<ol style="list-style-type: none"> 1. Inadequate guarding of materials 	<ol style="list-style-type: none"> 2. Inadequate labelling (WHMIS) 	<ol style="list-style-type: none"> 3. Improper storage 4. Other
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Environment (Ambient)

<ol style="list-style-type: none"> 1. Poor weather conditions 2. Hazardous housekeeping, disorderly workplace 3. Inadequate or excessive illumination 4. Hazardous gases, dusts, smokes, fumes, vapours 	<ol style="list-style-type: none"> 5. Congestion or restricted action 6. Noise exposure 7. Radiation exposure 8. Inadequate ventilations 	<ol style="list-style-type: none"> 9. Inadequate ergonomic considerations 10. High or low temperature exposures 11. Other
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BOX 2 - Basic or Root Cause Factors (Use as a guide when completing Basic or Root Cause Section)

Consider factors from each section, may use one or more

Job Factors

1. Inadequate leadership/supervision
2. Inadequate engineering
3. Inadequate purchasing
4. Inadequate maintenance
5. Inadequate tools and equipment
6. Inadequate work standards
7. Excessive wear and tear
8. Abuse and misuse
9. Inadequate communication
10. Other

Personal Factors

1. Inadequate physical/physiological capability
2. Inadequate mental/psychological capability
3. Physical or physiological stress
4. Mental or psychological stress
5. Lack of knowledge
6. Lack of skill
7. Improper motivation
8. Other

BOX 3 - Lack of Control Factors (Use as a guide when completing Lack of Control Section)

Consider factors from each section, may use one or more

Inadequate Program

1. Too few standards
2. No standard implemented
3. Improper communication of workplace hazards
4. Improper control/mitigation of workplace hazards
5. Improper knowledge of workplace hazards
6. Other (please specify in space provided)

Inadequate Standards

1. Standard does not identify roles and responsibilities
2. Standard not clear in scope
3. Standard not practical
4. Other (please specify in space provided)

Inadequate Compliance to Set Standards

1. Improper motivation
2. Improper enforcement
3. Improper discipline
4. Other (please specify in space provided)

BOX 4

Box 4 – Controls / Corrective Actions to Prevent Recurrence (Use guide when completing Accident/Incident Recommendations section) Consider selecting more than one if applicable.

Engineering (Elimination or Substitute)

<ol style="list-style-type: none"> 1. Correct congested area(s) 2. Repair or replace tool/equipment 3. Install guard or safety device 	<ol style="list-style-type: none"> 4. Preventive maintenance 5. Redesign of work area/process 6. Ergonomic design consideration 	<ol style="list-style-type: none"> 7. Use less or non toxic material 8. Eliminate access 9. Other (please specify in space provided)
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Administration

<ol style="list-style-type: none"> 1. Improve management system 2. Revise policy/procedure 3. Develop policy re: safe work procedure 4. Complete observation/analysis/redesign task 5. Improve planned inspection 6. Reconstruct sequence of task(s) 7. Review safe work procedures with workers 8. Alter work schedule 9. Reassignment of worker 10. Take adequate rest breaks 	<ol style="list-style-type: none"> 11. Review recruitment process (knowledge/skill/physical abilities) 12. Group communication/training required 13. Retraining or instruction of worker(s) 14. To update training 15. Consult with manufacturer 16. Inform all department managers 	<ol style="list-style-type: none"> 17. Install warning devices 18. To provide closer supervision 19. Request ergonomic assessment 20. To improve preventative maintenance program 21. To contact human resources for assistance 22. To contact facilities maintenance 23. Development/Implementation of work program 24. Other (please specify in space provided)
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Personal Protective Equipment

<ol style="list-style-type: none"> 1. Provide access to protective safety wear 	<ol style="list-style-type: none"> 2. Other (please specify in space provided)
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