**INDUSTRIAL ACCIDENT PREVENTION ASSOCIATION**

**INVESTIGATION REPORT TEMPLATE**

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| **IDENTIFYING INFORMATION** | **1. COMPANY OR DIVISION** | | | **2. DEPARTMENT** | | | |
| **3. LOCATION OF INCIDENT** | | | **4. DATE OF INCIDENT**  **/ /** | | **5. TIME AM**  **PM** | **6. DATE OF REPORT** |
| **INJURY OF ILLNESS** | | **PROPERTY DAMAGE** | | **OTHER INCIDENTS** | | |
| **7. INJURED’S NAME** | | **14. PROPERTY DAMAGE** | | **18. NATURE OF INCIDENT** | | |
| **8. PART OF BODY** | **9. DAYS LOST** | **15. NATURE OF DAMAGE** | | **19. INCIDENT COST, IF APPLICABLE** | | |
| **10. NATURE OF INJURY OR ILLNESS** | | **16. COST ESTIMATED**  **ACTUAL** | | **20. PERSON REPORTING INCIDENT** | | |
| **11. OBJECT/ EQUIPMENT/ SUBSTANCE INFLICTING HARM** | | **17. OBJECT/ EQUIPMENT/ SUBSTANCE INFLICTING DAMAGE** | | **21. OBJECT/ EQUIPMENT/ SUBSTANCE RELATED** | | |
| **12. OCCUPATION** | **13. TIME ON TASK** | **22. PERSON WITH MOST CONTROL OF ITEM 17** | | **23. PERSON WITH MOST CONTROL OF ITEM 21** | | |

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| **RISK** | **EVALUATION OF LOSS POTENTIAL IF NOT CORRECTED** | **24. LOSS SEVERITY POTENTIAL**      **MAJOR SERIOUS MINOR** | **25. PROBABILITY OF REOCCURRENCE**      **FREQUENT OCCASIONAL SELDOM** |

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| **DESCRIPTION** | **26. DESCRIBE HOW THE EVENT OCCURRED** |
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| **CAUSE ANALYSIS** | **27. IMMEDIATE CAUSES, WHAT SUBSTANDARD ACTIONS AND CONDITIONS CAUSED OR COULD CAUSE THE EVENT? CHECK ON BACK, EXPLAIN HERE** |
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| **28. BASIC CAUSES, WHAT SPECIFIC PERSONAL OR JOB FACTORS CAUSED OR COULD CAUSE THIS EVENT? CHECK ON BACK, EXPLAIN HERE** |
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| **ACTION PLAN** | **29. REMEDIAL ACTIONS, WHAT HAS AND/OR SHOULD BE DONE TO CONTROL THE CAUSES LISTED?** | | |
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| **30. SIGNATURE OF INVESTIGATOR** | **31. DATE** | **32. FOLLOW-UP: CIRCLE NUMBER FOR TEMPORARY, X OUT FOR FINAL ACTION/DATE**  **1. 3. 5.**  **2. 4. 6.** |
| **33. SIGNATURE OF REVIEWER** | **34. DATE** |

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| **INCIDENT NEEDS** | 27A. IMMEDIATE CAUSES (Check all that apply.)  **Substandard Actions**   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 7. Using defective equipment 8. Using equipment improperly 9. Failing to use personal protective equipment properly 10. Improper loading 11. Improper placement 12. Improper lifting 13. Improper position for task 14. Servicing equipment in operation 15. Horseplay 16. Under influence of alcohol and/or other drugs | | **Substandard Conditions**   1. Operating equipment without authority 2. Inadequate or improper protective equipment 3. Defective tools, equipment or materials 4. Congestion or restricted action 5. Inadequate warning system 6. Fire and explosion hazards 7. Poor housekeeping/disorder 8. Hazardous environmental conditions: gases, dusts, smoke, fumes, vapours 9. Noise exposure 10. Radiation exposure 11. High or low temperature exposure 12. Inadequate or excess illumination 13. Inadequate ventilation | |
| 28A. BASIC CAUSES (Check all that apply.) | |  |  |
| **Personal Factors**   1. Inadequate capability 2. Lack of knowledge 3. Lack of skill 4. Stress 5. Improper motivation | **Job Factors**   1. Inadequate leadership/supervision 2. Inadequate engineering 3. Inadequate purchasing 4. Inadequate maintenance 5. Inadequate tools/equipment/materials | | 1. Inadequate work standards 2. Wear and tear 3. Abuse and misuse |

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| CODING FOR INCIDENT ANALYSIS QUALITY  2. Department  5. Time of incident   1. Part of body 2. Days lost 3. Nature of injury or illness 4. Agent/object 5. Occupation 6. Time on the job 7. Property damage   16. Cost estimated  27a. Substandard actions 27a. Substandard conditions 28a. Personal factors  28a. Job factors  35. Type of contact | |
| 35. TYPE OF CONTACT CONTACT WITH | |
| 1. Struck against 2. Struck by 3. Caught in 4. Caught on 5. Caught between 6. Slip 7. Fall on same level 8. Fall to lower level 9. Overexertion | 1. Electricity 2. Heat 3. Cold 4. Radiation 5. Caustics 6. Noise 7. Toxic or   noxious substances |

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|  | 36. Reviewer’s reactions to the investigator’s analysis of the basic causes and remedial actions. | | |
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| 37. Signature | 38. Title | 39. Date  Day/ Mo./ Yr./ |

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| **CONTROLS** | 40. MANAGEMENT CONTROL (Check all that apply.) | | |  |  |  |  |  |  |
| **Program Elements**   1. Leadership and administration 2. Leadership training 3. Planned inspections and maintenance 4. Critical task analysis and procedures 5. Accident/incident investigation 6. Task observation 7. Emergency preparedness 8. Rules and work permits 9. Accident/incident analysis 10. Knowledge and skill training | **P**                     | **S**                     | **C**                     | 1. Personal protective equipment 2. Health and hygiene control 3. System evaluation 4. Engineering and change management 5. Personal communications 6. Group communications 7. General promotion 8. Hiring and placement 9. Materials and services management 10. Off-the-job safety | | **P**                     | **S**                     | **C**                     |
| Legend: **P -** Program element implementation need |  |  | **S** - Standard(s) inadequate | | **C** - Compliance with standard(s) inadequate | | | |

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| **INCIDENT COSTS** |  | **1** | **2** | **3** | **4** |
| MONTH | DIRECT COSTS FOR COMPENSATION BENEFITS | COST RATIO\* (X : 1) | INDIRECT COSTS  (Multiply column 1 by “X” in column 2) | TOTAL COSTS  (Add columns 1 and 3) |
| January |  |  |  |  |
| February |  |  |  |  |
| March |  |  |  |  |
| April |  |  |  |  |
| May |  |  |  |  |
| June |  |  |  |  |
| July |  |  |  |  |
| August |  |  |  |  |
| September |  |  |  |  |
| October |  |  |  |  |
| November |  |  |  |  |
| December |  |  |  |  |

\* Use the appropriate cost ratio (e.g., 3 to 1, 4 to 1, etc). © Industrial Accident Prevention Association, 2007 • 1-800-406-IAPA (4272) • [www.iapa.ca](http://www.iapa.ca/)

