UNIVERSITY OF WATERLOO

# INCIDENT INVESTIGATION REPORT

| DEPARTMENT: | | LOCATION OF INCIDENT: | |
|---|---|---|---|
| DATE OF INCIDENT: | TIME: ☐ ☐ | DATE REPORTED: | TIME: ☐ ☐ |

## INJURY OR ILLNESS OTHER INCIDENTS

| INJURED'S NAME: | OCCUPATION: | AREA OF INJURY/ILLNESS: |
|---|---|---|
| NATURE OF INJURY/ILLNESS: | TIME ON TASK: | |
| PERSON REPORTING INCIDENT: | OBJECT/EQUIPMENT/SUBSTANCE INVOLVED: | PERSON WITH MOST CONTROL OF OCCUPATION: |

## PROPERTY DAMAGE

| PROPERTY DAMAGE TO: | NATURE OF DAMAGE: | COST ☐ ESTIMATED ☐ ACTUAL |
|---|---|---|

| TYPE OF CONTACT: | | | CONTACT WITH: | |
|---|---|---|---|---|
| ☐ STRUCK AGAINST | ☐ SLIP/TRIP | ☐ OVEREXERTION | ☐ ELECTRICITY | ☐ TOXIC SUBSTANCE |
| ☐ STRUCK BY | ☐ FALL ON SAME LEVEL | ☐ REPETITION | ☐ HEAT/COLD | ☐ CORROSIVES |
| ☐ CAUGHT IN/ON | ☐ FALL TO BELOW | ☐ BODILY REACTION | ☐ NOISE | ☐ LASER, RADIATION |

## RISK

| EVALUATION OF LOSS POTENTIAL IF NOT CORRECTED: | |
|---|---|
| SEVERITY: ☐ SEVERE ☐ SERIOUS ☐ MINIMAL | PROBABILITY: ☐ HIGH ☐ MEDIUM ☐ LOW |

## DESCRIPTION

DESCRIBE HOW THE EVENT OCCURRED:

IS THERE A WRITTEN SAFE WORK PROCEDURE OR JOB HAZARD ANALYSIS FOR THIS JOB/TASK?

☐ YES ☐ NO

HAS THIS WORKER RECEIVED TRAINING RELEVANT TO THE ACTIVITY INVOLVED?

☐ YES ☐ NO

WITNESSES TO THE INCIDENT (NAME AND CONTACT NUMBER):

| IMMEDIATE CAUSES | ROOT CAUSES |
|---|---|
| WHAT SUBSTANDARD ACTIONS/CONDITIONS CAUSED THE INCIDENT? CHECK BELOW, EXPLAIN HERE: | WHAT PERSONAL OR JOB FACTORS CAUSED THE INCIDENT? CHECK BELOW, EXPLAIN HERE: |

| IMMEDIATE CAUSES (CHECK ALL THAT APPLY) | | ROOT CAUSES (CHECK ALL THAT APPLY) |
|---|---|---|
| **Substandard Actions** | **Substandard Conditions** | **Personal Factors** |
| ☐ Operating equipment without authority | ☐ Operating equipment without authority | ☐ Inadequate ability |
| ☐ Failure to warn | ☐ Inadequate/improper protective equipment | ☐ Lack of knowledge of the task |
| ☐ Failure to secure | ☐ Defective tools, equipment or materials | ☐ Lack of skill |
| ☐ Operating at improper speed | ☐ Congested workspace or restricted action | ☐ Stress/rushing |
| ☐ Making safety devices inoperable | ☐ Inadequate warning system | ☐ Improper motivation |
| ☐ Removing safety devices | ☐ Fire and explosion hazards | |
| ☐ Using defective equipment | ☐ Poor housekeeping | **Job Factors** |
| ☐ Using equipment improperly | ☐ Hazardous physical environment | ☐ Inadequate leadership/supervision |
| ☐ Failure to use personal protective equipment | ☐ Excessive noise | ☐ Inadequate engineering |
| ☐ Improper loading, placing, mixing | ☐ Radiation, laser, X-ray exposure | ☐ Inadequate purchasing |
| ☐ Improper lifting | ☐ Exposure to biological hazard | ☐ Inadequate maintenance |
| ☐ Improper position/posture for task | ☐ Inadequate or excessive illumination | ☐ Inadequate tools/equipment/materials |
| ☐ Servicing equipment in operation | ☐ Inadequate ventilation | ☐ Inadequate work standard/procedure |
| ☐ Horseplay | ☐ Heat/cold exposure | ☐ Wear and tear |
| ☐ Under influence of alcohol and/or drugs | ☐ Repetitive tasks | ☐ Abuse or misuse |
| ☐ Other action _____ | ☐ Other condition _____ | |

| CORRECTIVE ACTIONS (CHECK ALL THAT APPLY) | | |
|---|---|---|
| ☐ Actions to improve design/method | ☐ Improve housekeeping procedure | ☐ Grounds Maintenance |
| ☐ Consult with manufacturer | ☐ Inform all department supervision | ☐ Provide training |
| ☐ Remove hazard | ☐ Install guard or safety device | ☐ Order Job Hazard Analysis |
| ☐ Consult with JHSC | ☐ Provide appropriate PPE | ☐ Review policies/procedures |
| ☐ Consult with Ministry of Labour | ☐ Provide proper ventilation | ☐ Discipline of person involved |
| ☐ Correction of congested area | ☐ Re-instruction of person(s) involved | ☐ Ergonomic assessment |
| ☐ Action to improve inspection | ☐ Repair equipment/facilities | ☐ Corrective Action not required |
| ☐ Develop safe work procedure | ☐ Replace equipment/tools | ☐ Other |

| DESCRIPTION OF ACTION(S) TAKEN: | CORRECTED (CHECK BOX) | PLANNED (CHECK BOX) | DATE (DD/MM/YY) |
|---|---|---|---|
| 1. | ☐ | ☐ | |
| 2. | ☐ | ☐ | |
| 3. | ☐ | ☐ | |
| 4. | ☐ | ☐ | |
| 5. | ☐ | ☐ | |

## SIGNATURE AND APPROVALS

| | | | |
|---|---|---|---|
| Name of person completing report: | Signature: | Date: | Phone Number/ Extension: |
| Manager/department head: | Signature: | Date: | Phone Number/Extension: |

**Cc: Dept. head/chair, Health & Safety Coordinator**
Retention: 2 years in Department
Disposition: Secure Destruction