

INCIDENT/ACCIDENT/NEAR MISS/WORK REFUSALS INVESTIGATION REPORT

Date/Time:

Incident Type:	Injury/Illness/Spill	Property Damage	Major Potential	Fire
Incident Date:		Time:		
Address:		Subdivision:		
Economy Job #:		Builder Name & Job # (if applicable):		
First Aid	Medical Aid	Modified Work	Loss Time	Fatal
Who was involved?				
What happened?				
Was the incident reported to supervisor? Yes ___ No ___				
Was the incident reported to OHS? Yes ___ No ___				
What was the immediate cause?				
What was the underlying or root cause?				
What training, instruction, orientation, and cautions were given before the incident?				
How can similar incidents be prevented in future?				
Recommendation(s) for future action:				
Recommendations completed by whom:			Date/Time:	
Person in charge of investigation:				
Reviewed by senior management:			Date/Time:	

WITNESS STATEMENT INCIDENT/ACCIDENT/LOSS

Name:	Location:
Date:	Time:
Telephone:	Cell:
When completing this statement, be sure to include all events and factors that led to this incident. Include actions taken during and after. Please print clearly. Use the back of this form for additional information.	
Witness Signature:	