Prairie Rose School Division No. 8
Incident Investigation Report Form

Use this form to notify management within 24 hours of the event, call immediately if serious event.
Please TYPE information or print neatly. Fill in all parts or write N/A or "unknown" if you do not know.

A. INCIDENT

Calendar Date of Incident:	Time of Incident: **AM**	Incident Reference No:
Date of Report:	Location:	

Check 1 of the following 6 boxes by placing an X by the ONE type this incident will MOST LIKELY be classified:

☐ *Near Miss*	☐ *First Aid*	☐ *Medical Aid*	☐ *Modified Work*	☐ *Lost Work*

Could this incident have Been life threatening? ☐ Yes ☐ No	If known, list the first day of modified or lost work (do not include the date of the incident)	List first modified work day	List first lost work day

B. EMPLOYEE INVOLVED (Use separate forms if more than one employee was injured.)

Name:	Job Assignment: (at time of injury)	
Drug/Alcohol test completed? ☐ Yes ☒ No	Location where employee was working (at the time of the injury)?	Time employee began work on day of the incident: **PM**

Incident was an ☐ Injury ☐ Illness ☐ Near Miss

Note: If Injury or Illness, Body Part must be completed below:

Body Parts – Place an X by all that apply: ☐ Back ☐ Arm ☐ Shoulder ☐ Hand/Finger ☐ Chest (Torso)
☐ Right ☐ Left ☐ Head ☐ Eye ☐ Leg ☐ Knee ☐ Foot ☐ Other (Specify) .....

Type of Incident – Place an X in appropriate box

☐ Struck Against/By ☐ Contact With/By ☐ Caught In/On ☐ Caught Between ☐ Fall Lower Level ☐ Exposure
☐ Vehicle ☐ Act of Violence ☐ Overexertion ☐ Repetitive Motion ☐ Fall Same Level ☐ .....

Name of Treatment Facility:	Name of person who went with the employee to the doctor:
Name of Treating Physician:	Describe Extent of Injuries (i.e. cut left finger, strained back) or Property Damage:

C. INCIDENT DESCRIPTION

Use additional paper to describe incident (Questions 7 & 8) if necessary.

1. Did the supervisor inspect the incident area immediately after it occurred? ☐ Yes ☐ No	2. Did the affected employee return with the supervisor to the site? ☐ Yes ☐ No	3. Were pictures and/or diagrams taken of the area? ☐ Yes ☐ No ☐ Attached

4. PPE Required---- ☐ Head ☐ Eyes ☐ Face ☐ Hand ☐ Arm ☐ Body ☐ Leg ☐ Foot ☐ Other - List .....
PPE Used -------- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

5. What object or substance directly harmed or could have harmed the employee? .....

6. What kind of work was the employee doing prior to the incident? .....

7. Describe where and how the incident occurred. (Include enough detail so someone not familiar with the task could understand what happened.)
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8. Describe the setting where the incident occurred:
-

10. Employee signature: ☐ Not able to sign ☐ Agree with description ☐ Disagree	Print Name	Signature	Date
11. Name & Signature of Supervisor/ Designate Investigation team member	Print Name	Signature	Date
12. Name & Signature of JHSC Investigation team member	Print Name	Signature	Date

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D. CONTRIBUTORY FACTORS - Identify any factors that may have to contributed to the incident

1. Equipment

☐ Equipment/guarding known to be faulty before incident ☐ Equipment/guarding not known to be faulty before incident ☐ Used for something other than its intended purpose ☐ Used in accordance with manufacturer's instructions

2. Environment

☐ Wet/Slippery ☐ Noise/vibration ☐ Housekeeping ☐ Lighting
☐ Abnormal Temperature ☐ Abnormal Humidity ☐ Isolation ☐ Confined Space
☐ Over-crowded ☐ Ventilation ☐ Other – Specify:

3. People

☐ Unexpected movement/response of another person ☐ Aggressive/threatening behaviour of another person
☐ Inadvertent action of another person ☐ Horseplay between persons
☐ Other – Specify:

3. Procedure

☐ Procedure not available ☐ Procedure inadequate/incomplete
☐ Employee unaware of procedure ☐ Other – Specify:

3. Lifting/Carrying/Pushing/Pulling

☐ Load awkward to carry ☐ Load shifted/unexpected movement ☐ Movement/lift not coordinated
☐ Work load above shoulder height ☐ Work load below knee level ☐ Work load away from body

4. Design/Ergonomics

☐ Crowded conditions ☐ Furniture/equipment design ☐ Furniture/equipment location
☐ Awkward body position ☐ Repetitive action ☐ Prolonged "hold" or "support"

Provide any additional information or concerns you may have related to this investigation

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E. ROOT CAUSES – List the causes of this incident. Then list a corrective action for each root cause in section F that is a verifiable, measurable action that will be taken to prevent a similar incident of this type to occur.

1.

2.

F. ACTION PLAN – List each verifiable, measurable corrective action for each root cause and list the responsible person to make sure it is completed and the expected and actual completion dates.

Corrective Actions Planned / Completed	**Assigned Responsible Person** Sign Off When Complete	**Completion Date** Expected/Completed
1.	Name	Expected
	Signature	Completed
2.	Name	Expected
	Signature	Completed

G. REVIEW SUMMARY

Coordinator's Name: (print)	Coordinator's Signature:	Date Completed:
Recommendations for further follow-up		