



INCIDENT/ACCIDENT INVESTIGATION

Date: _____

Department: _____

1) Type of incident - Check all that apply

- Serious injury, Serious incident, Minor injury, Potential for serious injury (near miss),
 Property damage, Other: _____

Does this require immediate Alberta Occupational Health and Safety Reporting (OHS Act Sec. 18(1)(2):

- Yes No

Does this require Worker's Compensation Board Notification (Injuries sustained?): Yes No

2) Basic information:

Date/time reported: _____ Reported By: _____

Date and time of incident: _____

Location of incident: _____

3) Person(s) Involved/Injuries:

Name: _____

Position/title: _____

Address/Phone: _____

Nature of injury: _____

Severity: Fatal, More than 2 days in hospital, Medical aid, First aid only,
 Time lost from work, Permanent disability

Name: _____

Position/title: _____

Address/Phone: _____

Nature of injury: _____

Severity: Fatal, More than 2 days in hospital, Medical aid, First aid only,
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4) Witnesses: (if any)

Name : _____ Phone: _____

Name : _____ Phone: _____

Name : _____ Phone: _____

Name : _____ Phone: _____

Were witness statements taken? Yes (attached to report), No

5) Circumstances/description of incident: (Attach a sketch, diagram or photographs if it will help with the description) Sketch, diagram or photographs attached? Yes No

6) Supervisor's Cause Analysis – Check ALL that apply to this incident

Unsafe Acts		Unsafe Conditions	
Improper work technique		Poor workstation design	
Safety rule violation		Unsafe operation method	
Improper PPE or PPE not used		Improper maintenance	
Operating without authority		Lack of direct supervision	
Failure to warn or secure		Insufficient training	
Operating at improper speeds		Lack of experience	
By-passing safety devices		Insufficient knowledge of job	
Protective equipment not in use		Slippery conditions	
Improper loading or placement		Excessive noise	
Improper lifting		Inadequate guarding of hazards	
Servicing machinery in motion		Defective tools/equipment	
Horseplay		Poor housekeeping	
Drug or alcohol use		Insufficient lighting	
Other:		Other:	



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7) Corrective actions: _____

Unsafe Condition Guarded	_____
Unsafe Condition Corrected	_____

Supervisor Signature: _____

8) Root Cause(s) (Management Systems): _____

9) Underlying Cause(s): _____

10) Follow-up: _____

Health and Safety Risk Management Officer: _____

Supervisor: _____

Reviewed by:

Department Manager/Director: _____

Joint Health & Safety Committee: _____

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