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|  | **Near Miss** | | | | | | | |  | | | **Property Damage** | | | | |  | | | **Injury First Aid Only** | | |
|  | **Recordable Injury / Illness** | | | | | | |  | | | **Restricted Time Injury / Illness** | | | | | |  | | | **Lost Time Injury/Illness** | | |
| Company Name: | | |  | | | | | | | | | | | Date of Incident: | | | |  | | |
| Time of Incident: | | |  | | | | | | | | | | | Day of the Week: | | |  | | | |
| Date of Incident Reported: | | | | | |  | | | | | | | | Time Incident Reported: | | | | |  | |
| Location of Incident: | | | |  | | | | | | | | | | | | | | | | |
| Witness(s) to Incident: | | | |  | | | | | | | | | | | | | | | | |
| Name of Worker(s) Injured or Involved: | | | | | | | | |  | | | | | | | | | | | |
| Craft: | |  | | | | | | | | | | | | Position: | |  | | | | |
| Hospital/Clinic Visit? | | | |  | **Yes** | |  | | | **No** | | | Location: | |  | | | | | | |
| Who Transported? | | | |  | | | | | | | | | | Type of Test: | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Investigation** | | | | | | | | | | | | | | | | | | | | |

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| What job or task was being performed when incident happened? | | | | | | | | |
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| What tool(s)/equipment was being used? | | | | | | | | |
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| Describe the incident in detail. | | | | | | | | |
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| Why did this cause the incident? | | | | | | | | |
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| What other factors contributed to the incident? | | | | | | | | |
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| What was the root cause of this incident? | | | | | | | | |
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| What could management / supervision do/have done to prevent incident? | | | | | | | | |
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| Injury Information: | |  | | | | | | |
| Part of Body Injured: | |  | | | | | | |
| Name of Dr. or Hospital: | | | |  | | | | |
| Diagnosis: | | |  | | | | | |
| Prescription(s) Given: | | |  | | | | | |
| Work restrictions? |  | | Yes | |  | No | Describe: |  |

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| **Name of Person Leading Investigation:** | |  | | |
| **Signature:** |  | | **Date:** |  |

**Incident Witness Statement**

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| Your Name: | |  | | | | | Your Employer: |  | | | | |
| Your Discipline: | | |  | | | | Your position |  | | | | |
| Date of Incident Reported: | | | | |  | | Time Incident Reported: | | |  | | |
| Location of Incident: | | | |  | | | | | | | | |
| Witness(s) to Incident: | | | |  | | | | | | | | |
| Other Witness(s) to Incident: | | | | | |  | | | | | | |
| Where were you and what were you doing, when the incident happened? | | | | | | | | | | | | |
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| What actually happened (describe in detail)? | | | | | | | | | | | | |
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| What, in your opinion, actually caused the incident? | | | | | | | | | | | | |
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| What other factors contributed to the incident? | | | | | | | | | | | | |
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| What could be done to stop similar incidents from happening? | | | | | | | | | | | | |
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| **Signature:** |  | | | | | | | | **Date:** | |  |
| **Name:** |  | | | | | | | |  | |  |

**Lessons Learned and Corrective Actions**

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| --- | --- | --- |
| **Item:** | **Responsible Party:** | **Date Completed:** |
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