|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  [x]   | **Near Miss** | [ ]  [x]   | **Property Damage**  | [ ]  [x]  | **Injury First Aid Only** |
| [ ]  [x]   | **Recordable Injury / Illness** | [ ]  [x]   | **Restricted Time Injury / Illness** | [ ]  [x]  | **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?  | [ ]  [x]  | [x]   **Yes**[x]  | [x]  [x]  | **No** | Location:  |  |
| Who Transported? |  | Type of Test:  |  |
|  |
| **Investigation** |

|  |
| --- |
| 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: |  |

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

**Incident Witness Statement**

|  |  |  |  |
| --- | --- | --- | --- |
| 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**

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