



# SERIOUS INJURY INVESTIGATION FORM

Incident #: 201\_\_ - \_\_\_\_\_

Instructions: This form must be completed by the supervisor (or designate) and person who reported the incident. This form and the Root Cause Analysis Form (5 Whys) must be submitted to the Health, Safety and Environment Office (3<sup>rd</sup> Floor Kelley Memorial Building) or via the email address [incident@upe.ca](mailto:incident@upe.ca) within 72 hours after the incident.

Incident Resulted In (please check all that apply) :			
<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	<input type="checkbox"/> Property damage	<input type="checkbox"/> Near miss
<input type="checkbox"/> First aid	<input type="checkbox"/> Medical aid	<input type="checkbox"/> Recurrence	<input type="checkbox"/> Other
Date of Incident Investigation submission:			

Incident Information			
<i>Evaluation: Use Three Point Risk Ranking Scheme and Ranking Matrix (attached)</i>			
Risk Ranking:	<input type="checkbox"/> 1-2 (Minor)	<input type="checkbox"/> 3-4 (Serious)	<input type="checkbox"/> 6-9 (Major)
Hazard Class Index:	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A

Incident Investigation
<p><b>Immediate causes:</b> What substandard acts/practices and conditions caused or could cause the event?  <i>See checklists on back of page and complete attached Root Cause Analysis Form (5 Whys).</i></p>
<p><b>Basic causes:</b> What specific personal or job/system factors caused or could cause this event?  <i>See checklists on back of page and complete attached Root Cause Analysis Form (5 Whys).</i></p>
<p><b>Remedial actions:</b> What has and/or should be done to control the causes listed?  <i>Complete attached Root Cause Analysis Form (5 Whys).</i></p>

Prevention of Recurrence		
Describe what action is planned or has been taken to prevent a recurrence of the incident, based on the key contributing factors (both immediate and long term).		
Supervisor name (print):	Supervisor signature:	Date:
Area Lead name (print):	Area Lead signature:	Date:

# INCIDENT INVESTIGATION FORM

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**Immediate causes – check all as appropriate**

Substandard acts:	Substandard conditions:
<input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Failure to warn <input type="checkbox"/> Failure to secure <input type="checkbox"/> Operating at improper speed <input type="checkbox"/> Making safety devices inoperable <input type="checkbox"/> Removing safety devices <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Failure to use personal protective equipment (PPE) <input type="checkbox"/> Improper loading	<input type="checkbox"/> Fire and explosion hazard <input type="checkbox"/> Lack of guard or barrier <input type="checkbox"/> Inadequate or improper protective equipment <input type="checkbox"/> Defective tools, equipment or materials <input type="checkbox"/> Restricted space <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Hazardous environmental conditions (gases, dusts, fumes, vapours, etc.) <input type="checkbox"/> Excessive noise exposure <input type="checkbox"/> Radiation exposure <input type="checkbox"/> High or low temperature exposure <input type="checkbox"/> Inadequate or excess illumination <input type="checkbox"/> Inadequate ventilation

**Energy transfer or contact with a hazardous substance**

<input type="checkbox"/> Struck by (stationary or moving object) <input type="checkbox"/> Struck against (ran or bumped into an object) <input type="checkbox"/> Came into contact with (electricity, heat, cold, radiation, toxins, noise, caustics, etc.) <input type="checkbox"/> Caught in or between (pinch or nip points, crushing or shearing) <input type="checkbox"/> Caught on (snagged or hanging) <input type="checkbox"/> Fall on the same level (slip, trip, or fall) <input type="checkbox"/> Fall to lower level <input type="checkbox"/> Exposure <input type="checkbox"/> Overexertion <input type="checkbox"/> Repetitive action
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**Basic/Root Causes – check all as appropriate**

Personal factors	Job factors
<input type="checkbox"/> Inadequate capacity <input type="checkbox"/> Lack of knowledge/training <input type="checkbox"/> Lack of skill <input type="checkbox"/> Stress <input type="checkbox"/> Improper motivation	<input type="checkbox"/> Inadequate leadership/supervision <input type="checkbox"/> Inadequate engineering <input type="checkbox"/> Inadequate purchasing <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate tools/equipment <input type="checkbox"/> Inadequate work standards <input type="checkbox"/> Wear and tear <input type="checkbox"/> Abuse and/or misuse

**\*\*\*Complete attached Root Cause Analysis Form (5 Whys) with applicable stakeholders\*\*\***