

Resource 28: Incident Investigation Summary Report Form

Service Sector:

Employer Name: Government of Manitoba

Department: Family Services and Housing

Name of Branch/Unit:

Injury: Yes No

Date and time of Incident

**Instructions:**

This information is collected under the authority of the *Workplace Safety and Health Act C.C.S.M c. W210*. . **This form is confidential if any personal information is contained in it.** If an incident investigation is recommended by the supervisor or by the WSH committee, the WSH committee in consultation with the supervisor should conduct an incident investigation and complete this form. The Supervisor's Incident Report form should be attached to this form. For guidelines in filling out this form, please refer to Resource 29: Guidelines for Investigators Looking for Causes of Incidents

**Incident Number:**

**Date of Incident:**

**Investigating Team** (please indicate whether supervisor, committee member, Safety & Health Staff, Department of Labour, or other):

**PART 1 – PARTICULARS**

Did the incident involve injury?                      Yes                      No

If yes,  
Name of Injured worker:

Employee # \_\_\_\_\_

Injured Worker's Occupation/Job title:

---

Supervisor's Name:

Did the incident involve property damage?    Yes                      No

Was first aid rendered?                      Yes                      No

If yes, by whom (if outside emergency assistance was required, provide details):

---

---

**PART 2 – DESCRIPTION OF INCIDENT**

**Describe the incident in detail:**

**PART 3 – EVIDENCE (list of photos, videos, physical evidence) Please attach any documents such as sketches of scene to this document)**

---

---

**Persons with information – Worker Statement Summary**

Date and Time Interviewed:

**Persons with information – Witness Statement Summary**

Name: \_\_\_\_\_

Date and Time Interviewed: \_\_\_\_\_

Job position: \_\_\_\_\_

Did you witness the incident?    Yes                      No

Name of Interviewer: \_\_\_\_\_

Summary of Statement:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Persons with information – Witness Statement Summary**

Name: \_\_\_\_\_

Date and Time Interviewed: \_\_\_\_\_

Job position: \_\_\_\_\_

Did you witness the incident?    Yes                      No

Name of Interviewer: \_\_\_\_\_

Summary of Statement:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PART 4 – CAUSE OF INCIDENT

**Incident Causation** (please refer to Resource 29 Guidelines for Investigators - Looking for Causes of Incidents)

What was the **direct cause** of the incident?

What were the **indirect causes** of the incident?

**1) Task** (explore the actual work procedure being used at the time of the incident):

**2) Material** (explore the equipment and substances being used at the time of the incident):

**3) Worker** (explore the physical and mental conditions of the individuals involved in the incident):

**4) Management** (explore any failures in the management system to identify hazards, assess risk, implement controls, and inform and train the workers):

**5) Environment** (explore the physical environment including poor housekeeping; the presence of noise; inadequate lighting; inappropriate temperature; and toxic or hazardous gases, dusts, or fumes present at the time of the incident):

**PART 5 – CORRECTIVE ACTION**

**Corrective actions to prevent recurrence:**  
.

**Target date for corrective action:**

**Corrective action completed:**

**Date completed:**

**Signature:** \_\_\_\_\_

**PART 6 – REPORT REVIEW**

**Date report completed:**  
**Signature of Investigators:**

Signature of Manager co-chair: \_\_\_\_\_

Signature of Employee co-chair: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Investigator Comments:

**Distribute completed report to:**

Manager co-chair of WSH Committee

Supervisor

Worker

FSH Safety and Health Unit 500-326 Broadway Ave (phone: 948-3396)

Date Investigation Closed: \_\_\_\_\_

Signature of Person Closing Investigation: \_\_\_\_\_