

## Incident/Injury Investigation Report Form

Location of incident: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Injury caused: \_\_\_\_\_

Damage caused: \_\_\_\_\_

Name of worker: \_\_\_\_\_ Occupation: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Report to OHS? Yes No

Summary of events:

Describe the immediate cause:

Describe the root cause:

Recommendations to control immediate cause:

Recommendations to control root cause:

Follow up:

Signatures of Investigator(s):