



SAMPLE INCIDENT INVESTIGATION CHECKLIST

An incident investigation is a formal process to jointly investigate and determine the root causes of workplace events – such as injuries, near misses, or damage – to prevent their recurrency by implementing corrective measures.

This sample form is intended to help guide Health and Safety Committee members and PSAC members in general involved in incident investigations. Not all questions will be relevant to your workplace, or the or incident being investigated, and additional questions may be required.

INFORMATION ABOUT THE ACCIDENT/INCIDENT

Date and time of the accident/incident:

Location of accident/incident:

Name of person(s) injured:

Name(s) of witnesses:

What was the nature of the accident/incident? (e.g., fire, struck-by, workplace violence, etc.)

If anyone was injured, describe the nature of the injury:

Description of the incident (include any relevant details such as location, lead up, and immediate follow-up and attach all photos and videos):



THE FOLLOWING CHECKLIST ITEMS HAVE BEEN INCLUDED TO ENSURE EACH FACTOR HAS BEEN CONSIDERED, AND THAT RELEVANT DATA HAS BEEN OBTAINED

TASK	Yes	No
Was a safe work procedure in place?		
Were appropriate tools and materials available?		
Were appropriate tools and materials used?		
Were safety devices or controls working properly?		
Was equipment lockout working?		
Was equipment lockout used?		
Have conditions changed to make the normal work procedure unsafe?		

Notes:

MATERIAL	Yes	No
Were hazardous substance(s) involved?		
Were WHMIS/GHS-controlled product(s) involved?		
Were they clearly labelled?		
Were MSDS/SDS(s) available?		
Should personal protective equipment have been used?		
Was the right type of personal protective equipment used?		
Was personal protective equipment properly fitted to the worker using it?		
Was the worker trained in how to use personal protective equipment properly?		
Was there equipment failure of any of the following:		
Personal protective equipment		
Tools used to perform work		
Other equipment used to perform work		
Was the equipment poorly designed?		
Was the equipment properly maintained?		

Notes:

ENVIRONMENT	Yes	No
Were weather conditions a contributing factor?		
Was it too hot?		
Was it too cold?		
Was noise a problem?		
Was there adequate lighting?		
Was there a lack of ventilation?		
Was there excessive vibration?		
Were there toxic fumes, dusts, mists, vapours or gases present?		
Were any of the identified fumes, dust, mists, vapours or gases toxic?		
Was the workspace adequate?		
Was the workspace clean?		
Were other objects present that cluttered the work environment?		
Did the location of the equipment create a hazard?		
Were there traffic hazards?		
Was client/patient/public aggression a factor?		

Notes:

PERSONAL	Yes	No
Had affected workers received health and safety training on the following:		
Proper personal protective equipment and its use		
Safe work procedures		
Hazards in the workplace		
Hazard identification and reporting procedures		
Were they experienced in the work being done?		
Were they under stress at work?		
Were they working overtime or a long shift?		
Were they able to give input on how to perform the task?		
Is the job structured to provide incentives for piecework or pace?		
Were the affected workers physically able to do the work?		
Were there enough workers to perform the work?		
Were mechanisms in place to get help?		

Notes:

MANAGEMENT	Yes	No
Is there a safety program in the workplace?		
Was the safety program implemented in the workplace?		
Does the program have the commitment and support of top management?		
Is the safety program enforced?		
Are there written procedures for the job/task?		
Is there adequate supervision?		
Was the supervisor adequately trained in or knowledgeable about:		
Hazard identification		
Which personal protective equipment was required		
How to use the personal protective equipment		
Incident prevention		
Hazards of the task		
Were hazards contributing to this accident/incident previously identified?		
Was the supervisor able to initiate corrective actions to address the identified hazards?		
Were hazardous conditions reported to the supervisor before?		
Are procedures in place to correct identified hazards?		
Was regular maintenance/testing of equipment required for the job carried out?		
Does management conduct regular workplace inspections?		

Notes:



INVESTIGATION FINDINGS

What was the primary cause of the accident/incident?

What were other factors that contributed to the accident/incident?

RECOMMENDED CORRECTIVE ACTIONS

Workplace redesign:

Procedures:

Layout:

Equipment:

Substitution of hazardous materials:

Training:

Corrective action to be taken by:

Health and Safety Representative Signature(s):

Date: _____

Copies: Health and Safety bulletin board, local Health and Safety Committee, union local



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