

Incident Investigation Report

This report should be completed for staff, clients, volunteers or program/student placements:

- Incidents of illness or injury,
- Incidents of workplace violence (e.g.: harassment, threats)
- Incidents of suspected abuse/neglect
- Code of ethics violations

Note: This report must be filed within 24 hours to the department manager & Health and Safety representative. They will ensure that Human Resources is notified appropriately.

Circle Appropriate Occurrence:			
Accident	Critical Incident	Near Miss	Code of Ethics Violation
1. Date of Report:	2. Department:	3. Person reporting incident:	
4. Date of Incident/Occurrence:	5. Location of Incident /Occurrence: :	6. Time of Incident/ Occurrence:	
7. Person Involved:		8. Contact #:	
Witnessed	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Witness Name(s):	11. Contact #:
12.. Circle Appropriate Accident/Critical Incident/Near Miss/Code of Ethics Violation			
Accident/Injury/ Death	Self Harm/ Self Harm Statements	Drug or Alcohol use	Workplace Violence or Harassment
Aggressive or Unusual Behaviour	Property Damage/Vandalism	Suicide Attempt/Suicide Gesturing	Code of Ethics Violation
Allegation or Disclosure of Abuse or Mistreatment	Medical Issues: poisoning/ medication errors	Fire Setting/Fires/ Weapons/Bombs	AED Used
Intimidating or Threatening Behaviour	Confidentiality or Privacy Breach	Assault	
Other (please specify): _____			

8. Details of the Incident: (who, where, what happened, people involved in incident or event?)

Person Reporting Incident's Signature

Date

Manager or Team Lead's Signature

Date

HR Health & Safety Representatives' Signature

Date

To be completed by HR

13. Cause Analysis: *(What conditions caused or could cause this type of incident in the future?)*

14. Risk Assessment:

Severity:

Severe – Death, Loss of body part _____

Serious – Injury, Some property damage _____

Minimal – Minor injury _____

Reoccurrence:

High – More than 5 people exposed to hazard _____

Medium – Hazard could happen again _____

Low – Lots of controls in place, unlikely _____

15. Action Plan:

What should be done to control the causes listed above?	Deadline	By Whom	Complete

