Incident Investigation Form

Incident Date:		**Site:**		**Shift:**	
Incident Time		**Location of Incident:**			
Investigator(s):			**Date Reported to OHS:**		
Other Parties Involved:					

Incident Category: *Check (✓) all that apply*

☐Near Miss ☐Vehicle Incident ☐LOPC ☐Injury ☐Medical Aid/First Aid ☐Construction/Property Damage ☐Equipment Damage ☐Fire/Explosion ☐Security Incident ☐Fatality ☐Dangerous Occurrence ☐Other:_____

Circumstances of Incident: Follow the prompts below. Exclude personal information (names, titles, details etc).

Sequence of Events: *What happened, in chronological order. Use sketches or diagrams as visual aids if necessary*.

Equipment: *(What equipment, tools, or materials were used as well as their condition, inspection/maintenance history, date last used, manufacturers specifications, safeguards, etc.).*

Worksite Conditions: *What relevant factors contributed to the incident. Reference weather, harmful substances in use, noise, lighting, ergonomics, time of day, confined/restricted space work, etc.).*

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Organizational Factors: *(Describe systematic factors at play such as communication methods, task specific training, safe work procedures, hazard assessment and controls in place, supervisory requirements, etc.).*

Root Cause Analysis and Prevention

Direct Cause/Type of Event:

Primary Root Cause:

Prevention:

Listed Circumstances:	Corrective Action Required:	Assigned to: (Position)	Due Date

Date report completed:_____

Tri-Energy Sign Off

Tri-Energy Leadership Name:		Signature:		Date:	
Tri-Energy Leadership Name:		Signature:		Date:	
Tri-Energy HSE Name:		Signature:		Date:	

Email Form