WORKPLACE SAFETY AND HEALTH COMMITTEE

INCIDENT INVESTIGATION SUMMARY REPORT

EMPLOYER NAME: INTERLAKE SCHOOL DIVISION SCHOOL/DEPARTMENT: ADDRESS:	_ _ _
INJURY: YES NO	
DATE and TIME of INCIDENT:	
INVESTIGATING COMMITTEE MEMBERS:	

PART I – PARTICULARS

Did the incident invol	ve injury? Yes	No	
If yes, Name of injured:	First Name	Middle	Last Name
Injured Worker's Hon	ne Address:		Tel#:
Injured Worker's Occ	upation / Job Title:		
Location of Incident:			
Supervisor's Name:	First Name	Middle	Last Name
Did the incident invol	ve propert6CBjf)(C'a	a eve 'a şş yi zda'q l	Eða (Ägíþ GRÉÐ)

PART II – DESCRIPTION OF INCIDENT Describe the incident in detail:

PART III – E	EVIDENCE	
Sketch of incid	dent scene:	
Describe physica	al evidence collected:	
Describe physica	al evidence collected:	
Describe physica	al evidence collected:	
	dence: (List and describe the photos and videos)	

PART III - EVIDENCE (CONT'D)

Persons with Information - Statement Summary:

Name:			
First N	ame	Middle	Last Name
Date Interviewed:do	l/mm/yy	Occupation:	
Did you witness the incide	ent? Yes _	No	_
Name of Interviewer:			
Summary of Statement:			
Persons with Informat	tion - Statem	ent Summary:	
Name:	ame		
First N	ame	Middle	Last Name
Date Interviewed:	l/mm/yy	Occupation:	
Did you witness the incide	ent? Yes	No	
Name of Interviewer:			
Summary of Statement:			

	IV – INCIDENT CAUSATION
What wa	s the DIRECT CAUSE of the incident? (What caused injury or damage?)
What we	re the INDIRECT CAUSES? (What caused the incident?)
TASK:	
WORKEI	R(S):
MATERIA	AL/EQUIPMENT:
MANAGE	EMENT:
ENVIROI	NMENT: