WORKPLACE SAFETY AND HEALTH COMMITTEE
INCIDENT INVESTIGATION SUMMARY REPORT
EMPLOYER NAME: INTERLAKE SCHOOL DIVISION
SCHOOL/DEPARTMENT:
ADDRESS:
DATE and TIME of INCIDENT:
INVESTIGATING
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PART I

PART II – DESCRIPTION OF INCIDENT

Describe the incident in detail:

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PART III – EVIDENCE

Sketch of incident scene:

	First Name		Middle	Last Name
Date Interviewed: _	dd/mm/y	у	Occupation:	
Did you witness th	ne incident?	Yes	Νο	
Name of Interview	er:			
Summary of Stater	ment:			
Persons with In	formation - S	Stateme	ent Summary:	
1			-	Last Name
	formation - S		Middle	Last Name
Name:			-	Last Name
Name: Date Interviewed: _	First Name dd/mm/y		Middle	Last Name
1	First Name dd/mm/y ne incident?	y	Middle Occupation:	Last Name
Name: Date Interviewed: _ Did you witness th Name of Interviewe	First Name dd/mm/y ne incident? er:	y	Middle Occupation:	Last Name
Name: Date Interviewed: _ Did you witness th	First Name dd/mm/y ne incident? er:	y	Middle Occupation:	Last Name

PART IV – INCIDENT CAUSATION

What was the DIRECT CAUSE of the incident? (What caused injury or damage?)

What were the INDIRECT CAUSES? (What caused the incident?)

TASK:

WORKER(S):

MATERIAL/EQUIPMENT:

MANAGEMENT:

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PART V – CORRECTIVE AG	CTION
Immediate corrective actions to prevent	recurrence:
Target Date for corrective action:	dd/mm/yy
Long term solutions:	
Target Date for corrective action:	
	dd/mm/yy
PART VI – REPORT REVIE	vv
Signature of Investigator(s):	
Date report completed:	dd/mm/yy
Distribute Report to:	
Signatures of Co-Chairpersons – Safety	and Health Committee:
Employer Co-Chair / Date	Worker Co-Chair / Date
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