

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 III – EVIDENCE

Sketch of incident scene:

Describe physical evidence collected: _____

Photo/Video Evidence: (List and describe the photos and videos)

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:

ENVIRONMENT:
