

**Diocese of London Diocesan Centre  
Joint Health and Safety Committee Manual**

**015-Accident Incident Investigation Report**

HSForm015-Accident Incident Investigation Report

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**PART A: IDENTIFYING DETAILS**

**EMPLOYEE**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Experience at Work Involved \_\_\_\_\_

**ACCIDENT/INJURY**

First Aider \_\_\_\_\_ Medical Treatment \_\_\_\_\_

Hospital \_\_\_\_\_ Doctor \_\_\_\_\_

Person(s) who took Employee for Treatment \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Project \_\_\_\_\_

Exact Accident Location \_\_\_\_\_

Accident Reported to Supervisor: Date \_\_\_\_\_ Time \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Nature of Property Damage \_\_\_\_\_

Names and Addresses of Witnesses \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BACKGROUND**

Were any specific job procedures involved? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Who made the work assignment? \_\_\_\_\_

What directions did the employee receive before starting work?

Generic \_\_\_\_\_

Specific \_\_\_\_\_

None \_\_\_\_\_

**PART B: ACCIDENT DESCRIPTION**

Explain what happened (what, where, when, who, and how) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Attached Sketch/Diagram or Pictures? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Identify Immediate Cause \_\_\_\_\_

Identify Root Cause \_\_\_\_\_

Identify Underlying Causes \_\_\_\_\_

How are the underlying, Root and Immediate causes linked? \_\_\_\_\_

How can the accident be prevented from happening again? List suggestions from all sources.

What actions are recommended to prevent recurrence? \_\_\_\_\_

Report Completed By \_\_\_\_\_, Signature \_\_\_\_\_

Illness/Injury Person \_\_\_\_\_, Signature \_\_\_\_\_

**PART C: REVIEWS OF ACCIDENT REPORT**  
**HEALTH AND SAFETY COMMITTEE (WORKER MEMBER)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH AND SAFETY COMMITTEE (MANAGEMENT MEMBER)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**BISHOP/MODERATOR OF THE CURIA**

Signature \_\_\_\_\_ Date \_\_\_\_\_