



COMMERCIAL & INDUSTRIAL ROOFING CONTRACTORS

1795 Ironstone Drive Burlington, Ontario L7L 5T8 TEL: 905-332-6660 FAX: 905-332-6662

INCIDENT INVESTIGATION REPORT

Employer: _____ Project #: _____

Address: _____

Constructor: _____

Address: _____

Date & Time of Incident: _____ Incident Location: _____

Name of person in authority at location: _____

Name of Foreman: _____

Name of Supervisor on site to whom incident was reported: _____

Date and time incident reported: _____

Conditions at location: (e.g. weather, housekeeping, lighting.)

USE THIS AREA TO SKETCH LAYOUT OF INCIDENT SCENE

DESCRIBE THE INCIDENT: WHAT HAPPENED! Detail all equipment, objects, condition of tools, events, and circumstances that led to the incident. Indicate property damage, size and weight of equipment or material involved, person in most control of object, equipment, or substance. Indicate position of witnesses. Obtain measurements and measure distances.



1795 Ironstone Drive Burlington, Ontario L7L 5T8 TEL: 905-332-6660 FAX: 905-332-6662

Was anyone else directly involved in the incident (third parties) _____. If so, detail actions, give addresses and phone numbers. IMPORTANT! - REMEMBER TO GET THEIR WRITTEN ACCOUNT (STATEMENT) OF THE INCIDENT!

Names, addresses and phone numbers of witnesses or workers in the area at time of incident.
(Attach written statements to this report.)

- 1. _____
- 2. _____
- 3. _____

Is there any further information that you are aware of, which would assist in the investigation of this incident? Please include written statements of witnesses, co-workers, foreman, etc., and ensure that accompanying statements are signed, and dated.

Date and time reported to Ministry of Labour (If required) _____
Name of M.O.L. Representative who took the call: _____

Describe primary root cause and contributing factors:

What protective measures have been taken to prevent a recurrence?:

SUPERINTENDENT'S SIGNATURE

FOREMAN'S SIGNATURE

DATE

EMPLOYEE'S SIGNATURE

Health & Safety Manager

