



## Health and Safety

# Sample Incident Investigation Checklist

The following is a sample for Health and Safety Committee/CUPE members to use as a guide to incident investigation. Details and explanation are provided in CUPE's accident and occupational disease investigation guide. Not all the questions will be relevant to your workplace, or the incident being investigated, and additional questions may be required.

### Identifying Information

Date and Time of the Incident:	Location of Incident:
Name of Person(s) Injured:	Name(s) of Witnesses:
What was the nature of the incident? (Example: fire, struck-by, workplace violence etc...)	
If anyone was injured, please describe the nature of the injury:	
Description of the event (include any relevant details such as location, lead up, and immediate follow up):	

*The following checklist items have been included to ensure each factor has been considered, and that relevant data has been obtained*

TASK	Yes	No
Was there a safe work procedure in place?	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate tools and materials available?	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate tools and materials used?	<input type="checkbox"/>	<input type="checkbox"/>
Were safety devices or controls working properly?	<input type="checkbox"/>	<input type="checkbox"/>
Was equipment lockout working?	<input type="checkbox"/>	<input type="checkbox"/>
Was equipment lockout used?	<input type="checkbox"/>	<input type="checkbox"/>
Have conditions changed to make the normal work procedure unsafe?		
Notes:		

<b>MATERIAL</b>		<b>Yes</b>	<b>No</b>
Were hazardous substance(s) involved?	<input type="checkbox"/>	<input type="checkbox"/>	
Were WHMIS/GHS-controlled product(s) involved?	<input type="checkbox"/>	<input type="checkbox"/>	
Were they clearly labelled?	<input type="checkbox"/>	<input type="checkbox"/>	
Were MSDS/SDS(s) available?	<input type="checkbox"/>	<input type="checkbox"/>	
Should personal protective equipment have been used?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the personal protective equipment the right type?	<input type="checkbox"/>	<input type="checkbox"/>	
Was personal protective equipment properly fitted to the worker using it?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the worker trained in how to use personal protective equipment properly?	<input type="checkbox"/>	<input type="checkbox"/>	
Was there equipment failure of any of the following:			
Personal protective equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Tools used to perform work	<input type="checkbox"/>	<input type="checkbox"/>	
Other Equipment used to perform work	<input type="checkbox"/>	<input type="checkbox"/>	
Was the equipment poorly designed?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the equipment properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:			
<b>ENVIRONMENT</b>		<b>Yes</b>	<b>No</b>
Were weather conditions a contributing factor?	<input type="checkbox"/>	<input type="checkbox"/>	
Was it too hot?	<input type="checkbox"/>	<input type="checkbox"/>	
Was it too cold?	<input type="checkbox"/>	<input type="checkbox"/>	
Was noise a problem?	<input type="checkbox"/>	<input type="checkbox"/>	
Was there adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>	
Was there lack of ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	
Was there excessive vibration?	<input type="checkbox"/>	<input type="checkbox"/>	
Were there toxic fumes, dusts, mists vapors or gases present?	<input type="checkbox"/>	<input type="checkbox"/>	
Were any of the identified fumes, dusts, mists vapors or gases toxic?	<input type="checkbox"/>	<input type="checkbox"/>	
Was there adequate work space?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the workspace clean?	<input type="checkbox"/>	<input type="checkbox"/>	
Was there other objects present that created a cluttered work environment?			
Did the location of the equipment create a hazard?	<input type="checkbox"/>	<input type="checkbox"/>	
Were there traffic hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
Was client/patient/public aggression a factor?	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:			

<b>PERSONAL</b>		<b>Yes</b>	<b>No</b>
Have workers received health and safety training on the following:			
Proper personal protective equipment and its use		<input type="checkbox"/>	<input type="checkbox"/>
Safe work procedures		<input type="checkbox"/>	<input type="checkbox"/>
Hazards in the workplace		<input type="checkbox"/>	<input type="checkbox"/>
Hazard identification and reporting procedures		<input type="checkbox"/>	<input type="checkbox"/>
Were they experienced in the work being done?		<input type="checkbox"/>	<input type="checkbox"/>
Was the worker(s) under stress at work?		<input type="checkbox"/>	<input type="checkbox"/>
Was the worker in overtime or on long stretch of shifts?		<input type="checkbox"/>	<input type="checkbox"/>
Did workers have input into the way the task was done?		<input type="checkbox"/>	<input type="checkbox"/>
Is the job structured to provide incentives for piece work or pace?		<input type="checkbox"/>	<input type="checkbox"/>
Was the worker physically able to do the work?		<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
<b>MANAGEMENT</b>		<b>Yes</b>	<b>No</b>
Is there a safety program in the workplace?		<input type="checkbox"/>	<input type="checkbox"/>
Was the safety program implemented in the workplace?		<input type="checkbox"/>	<input type="checkbox"/>
Does the program have the commitment and support of top management?		<input type="checkbox"/>	<input type="checkbox"/>
Is the safety program enforced?		<input type="checkbox"/>	<input type="checkbox"/>
Are there written procedures for the job/task?		<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate supervision?		<input type="checkbox"/>	<input type="checkbox"/>
Was the supervisor adequately trained in or knowledgeable about:			
Hazard identification		<input type="checkbox"/>	<input type="checkbox"/>
Which personal protective equipment was required		<input type="checkbox"/>	<input type="checkbox"/>
How to use personal protective equipment		<input type="checkbox"/>	<input type="checkbox"/>
Incident prevention		<input type="checkbox"/>	<input type="checkbox"/>
Hazards of the task		<input type="checkbox"/>	<input type="checkbox"/>
Were hazards contributing to this incident previously identified?		<input type="checkbox"/>	<input type="checkbox"/>
Was the supervisor able to initiate corrective actions to address the identified hazards?		<input type="checkbox"/>	<input type="checkbox"/>
Were hazardous conditions reported to the supervisor before?		<input type="checkbox"/>	<input type="checkbox"/>
Are procedures in place to correct identified hazards?		<input type="checkbox"/>	<input type="checkbox"/>
Was regular maintenance/testing of equipment required for the job carried out?		<input type="checkbox"/>	<input type="checkbox"/>
Are there regular workplace inspections performed by management?		<input type="checkbox"/>	<input type="checkbox"/>
Notes:			

## Investigation Outcomes

What was the primary cause of the Incident?

What were other factors that contributed to the Incident?

## Recommended Corrective Actions

Workplace re-design:

Procedures:

Layout:

Equipment:

Substitution of hazardous materials:

Training:

Corrective action to be taken by:

Health and Safety Representative Signature(s):

\_\_\_\_\_

Date: \_\_\_\_\_

Copies to: Post on Health and Safety Bulletin; Local Health and Safety Committee; Local Union