

# STUDENT INCIDENT INVESTIGATION FORM

**This form is to be used to investigate all student accidents, incidents.**

A. EVENT INFORMATION			
Date Investigation Started:	Investigation Type: Select	Investigation Status:	
Location:	Specify room/floor	Date of Incident/Accident:	Time:
Names of all witnesses:		Did you get Witness Statements?	Pictures / Diagrams attached?
Immediate Response (Describe):			
Was a First Aid Report submitted? If NO why?			

B. INJURED or ILL STUDENT DIRECTLY INVOLVED					
Last Name:	First Name:	Student Number:	Years' enrolled?	Injured Student's Experience?	Hours worked since start of shift:
Reported to (Position): Select	Name:	Date Reported:		Time Reported:	
Injury / Illness Type:				Severity of Illness: Select	
Student's description of incident or account of illness: (Attach additional written description or drawings)					
Will this student be on Modified Duty?:		Were Modified Duties offered to the Student?:		Modified Duty Description:	

E. Accident Causation																								
<p><b>Immediate/ Direct Causes</b></p> <p><b>Substandard Acts:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Operating equipment without authority</td> <td><input type="checkbox"/> Failure to warn</td> <td><input type="checkbox"/> Failure to secure</td> </tr> <tr> <td><input type="checkbox"/> Operating at improper speed</td> <td><input type="checkbox"/> Removing safety devices</td> <td><input type="checkbox"/> Using defective equipment</td> </tr> <tr> <td><input type="checkbox"/> Failing to use PPE properly</td> <td><input type="checkbox"/> Improper Loading</td> <td><input type="checkbox"/> Improper placement</td> </tr> <tr> <td><input type="checkbox"/> Improper lifting</td> <td><input type="checkbox"/> improper position for task</td> <td><input type="checkbox"/> Servicing equipment in operation</td> </tr> <tr> <td><input type="checkbox"/> Horseplay</td> <td><input type="checkbox"/> Alcohol/ Drugs</td> <td><input type="checkbox"/> Using equipment improperly</td> </tr> <tr> <td><input type="checkbox"/> Failure to follow procedures</td> <td><input type="checkbox"/> Failure to identify hazard/risk</td> <td><input type="checkbox"/> Failure to check and monitor</td> </tr> <tr> <td><input type="checkbox"/> Failure to react or correct</td> <td><input type="checkbox"/> Failure to communicate</td> <td><input type="checkbox"/> inadequate training</td> </tr> <tr> <td><input type="checkbox"/> Violence/ threats</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Operating equipment without authority	<input type="checkbox"/> Failure to warn	<input type="checkbox"/> Failure to secure	<input type="checkbox"/> Operating at improper speed	<input type="checkbox"/> Removing safety devices	<input type="checkbox"/> Using defective equipment	<input type="checkbox"/> Failing to use PPE properly	<input type="checkbox"/> Improper Loading	<input type="checkbox"/> Improper placement	<input type="checkbox"/> Improper lifting	<input type="checkbox"/> improper position for task	<input type="checkbox"/> Servicing equipment in operation	<input type="checkbox"/> Horseplay	<input type="checkbox"/> Alcohol/ Drugs	<input type="checkbox"/> Using equipment improperly	<input type="checkbox"/> Failure to follow procedures	<input type="checkbox"/> Failure to identify hazard/risk	<input type="checkbox"/> Failure to check and monitor	<input type="checkbox"/> Failure to react or correct	<input type="checkbox"/> Failure to communicate	<input type="checkbox"/> inadequate training	<input type="checkbox"/> Violence/ threats		
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**Substandard Conditions:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Inadequate guards or barriers           | <input type="checkbox"/> Inadequate/improper PPE     | <input type="checkbox"/> Defective tools, equipment, materials |
| <input type="checkbox"/> Congestion or restricted actions        | <input type="checkbox"/> inadequate warning system   | <input type="checkbox"/> Fire & explosion hazards              |
| <input type="checkbox"/> Poor housekeeping                       | <input type="checkbox"/> Noise exposure              | <input type="checkbox"/> Radiation exposure                    |
| <input type="checkbox"/> Temperature extremes                    | <input type="checkbox"/> inadequate illumination     | <input type="checkbox"/> inadequate ventilation                |
| <input type="checkbox"/> Presence of harmful material (chem/bio) | <input type="checkbox"/> Inadequate instructions     | <input type="checkbox"/> Inadequate procedures                 |
| <input type="checkbox"/> Inadequate preparation/planning         | <input type="checkbox"/> inadequate information/data | <input type="checkbox"/> inadequate assistance/support         |
| <input type="checkbox"/> Inadequate communications               | <input type="checkbox"/> Uneven/slippery surfaces    | <input type="checkbox"/> Weather conditions                    |

**Basic Causes:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Inadequate physical capability | <input type="checkbox"/> Lack of knowledge         | <input type="checkbox"/> inadequate engineering         |
| <input type="checkbox"/> Mental stress                  | <input type="checkbox"/> Lack of skill             | <input type="checkbox"/> inadequate tools and equipment |
| <input type="checkbox"/> Physical stress                | <input type="checkbox"/> Inadequate Supervision    | <input type="checkbox"/> Inadequate purchasing          |
| <input type="checkbox"/> Abuse or misuse                | <input type="checkbox"/> Inadequate Work Standards | <input type="checkbox"/> Wear and Tear                  |

**Summary of Root Cause:**

**F. HAZARD EVALUATION**

Describe Current Controls:

1. Consequence	2. Probability:	3. Exposure
Select	Select	
Risk Rating (1 x 2 x 3):		

**G. CORRECTIVE ACTION**

**Hierarchy of Controls:**

- 1) Elimination (remove the hazard)
- 2) Substitution (use an alternative)
- 3) Isolate (separation from hazard)
- 4) Redesign (Change equipment or process)
- 5) Administration (change work practice)
- 6) Personal Protective Equipment (gloves, glasses, respirator, hearing protection)

## STUDENT INCIDENT INVESTIGATION FORM

Actions Taken / Required:	Action Assigned to:	Target Completion Date:
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<b>H. INVESTIGATION SIGNATURES</b>	
Supervisor:	Signature:
Safety Committee Member:	Signature:
Injured / Involved Student:	Signature:
Instructor:	Signature:
	Signature

<b>I. JOINT OCCUPATIONAL SAFETY &amp; HEALTH COMMITTEE REVIEW</b>	
Comments:	
Reviewed by:	JOSH Committee Review Date:

<b>J. MANAGEMENT REVIEW</b>
Management Comments: