



## Appendix 33-B1 Incident Investigation Report

Incident Investigation Reports should be filled out for all types of incidences, including: personnel, equipment and “near-miss”  
IN THE EVENT OF A SERIOUS ACCIDENT/INCIDENT, NOTHING SHALL BE REMOVED FROM THE SCENE UNTIL THE INVESTIGATION IS COMPLETE

**\*\*All incidents must be reported within 4-hours of occurrence and an Incident Investigation Report should be completed and submitted within 24-hours\*\***

### EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - -  
Job Title: ☐ Journeyman ☐ Apprentice ☐ Other: \_\_\_\_\_ DOB: \_\_\_\_\_  
Trade: ☐ Pipe Fitter ☐ Plumber ☐ Sheet Metal ☐ Other: \_\_\_\_\_ month day year  
Home Address: \_\_\_\_\_ Sex: ☐ M ☐ F Date of Hire: \_\_\_\_\_  
Years in Occupation: \_\_\_\_\_  
Phone Number: ( ) -

### PROJECT INFORMATION

Job Name: \_\_\_\_\_ Job#: \_\_\_\_\_ Conditions/Weather: \_\_\_\_\_  
Job Address: \_\_\_\_\_ Length of Time At Job Site: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_  
(CLEARLY INDICATE – BLDG / AREA / LEVEL)  
Supervisor Name: \_\_\_\_\_ Project Manager: \_\_\_\_\_

### INJURY/ILLNESS INFORMATION

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ ☐ AM ☐ PM Date Reported: \_\_\_\_\_  
Body Part(s) Affected: \_\_\_\_\_ Name of Injury: \_\_\_\_\_ Time Reported: \_\_\_\_\_  
☐ AM ☐ PM  
Brief Description of Incident: \_\_\_\_\_  
Type of Incident  
☐ First Aid  
☐ Recordable  
☐ Lost Time  
☐ Property  
☐ “Near Miss”  
(office use only)

### MEDICAL INFORMATION

Treating Facility: \_\_\_\_\_ Phone No. ( ) -  
FULL ADDRESS Taken by Whom \_\_\_\_\_  
Employee Tested for Drugs: ☐ YES ☐ NO if ‘NO’ please explain: \_\_\_\_\_

### INCIDENT INVOLVEMENT INFORMATION

Foreman’s Time: \_\_\_\_\_ Crew Time: \_\_\_\_\_ Injured Workers Time: \_\_\_\_\_  
Damaged Equipment/Property Value: \_\_\_\_\_ Schedule Impact (Time): \_\_\_\_\_  
Safety Dept./Risk Management Time: \_\_\_\_\_

**Appendix 33-B1**  
**Incident Investigation Report**  
**Injured Worker's Statement**  
 To be completed by the employee

<b>Employee Name:</b> _____	<b>Job Number:</b> _____
<b>Job Title:</b> _____	<b>Date of Incident:</b> _____
<b>Trade:</b> _____	<b>Time of Incident:</b> _____
<b>Job Name:</b> _____	

1. Where were you when the incident occurred? \_\_\_\_\_  
 \_\_\_\_\_
2. What activity were you performing at the time of the incident? \_\_\_\_\_  
 \_\_\_\_\_
4. Name(s) of witness and/or other employees working with the injured worker:

Employee Name	Company
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. What Personal Protective Equipment (PPE) were you wearing at the time of the incident? \_\_\_\_\_  
 \_\_\_\_\_

ANY PPE INVOLVED IN THE INCIDENT MUST BE COLLECTED & SECURED AND SUBMITTED WITH THE INCIDENT INVESTIGATION REPORT (example: EMPLOYEE WEARING GLOVES AND RECEIVED A HAND LACERATION)

5. Was equipment involved in the incident? ☐ YES ☐ NO  
 If 'YES' please provide the following information:

<b>Type of Equipment:</b>	_____	<b>Serial Number:</b>	_____
<b>Model No.:</b>	_____	<b>Owner of Equipment:</b>	_____

6. Is a certification required to operate equipment? ☐ YES ☐ NO
7. In your own words, what happened? (tell as a story –if you need more room flip over and write on the back)  
**Statement:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. What do you think could have been done to prevent this type of incident from occurring? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# **Appendix 33-B1** **Incident Investigation Report** **Witness Statement**

*To be completed by any witness'  
(each witness should complete a separate statement)*

<b>Witness Name:</b> _____ <b>Job Title:</b> _____ <b>Trade:</b> _____ <b>Witness Phone No.:</b> (     )     – _____ <b>Employer Name:</b> _____ <b>Employer Phone No.:</b> (     )     – _____	<b>Job Number:</b> _____ <b>Job Name:</b> _____ <b>Date of Incident:</b> _____ <b>Time of Incident:</b> _____  <b>Conditions/Weather:</b> _____
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<p>1. Where were you when the incident occurred? _____</p> <p>2. What activity were you performing at the time of the incident? _____</p> <p>3. What activity was the employee performing? _____</p> <p>4. Name(s) of witness and/or other employees working with the injured worker:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Employee Name</th> <th style="width:50%;">Company</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Employee Name	Company	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>5. What Personal Protective Equipment (PPE) was the injured employee wearing at the time of the incident? _____</p> <p>6. Was equipment involved in the incident? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If 'YES' please provide the following information:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Type of Equipment:</td> <td style="width:25%;">_____</td> <td style="width:25%;">Serial Number:</td> <td style="width:25%;">_____</td> </tr> <tr> <td>Model No.:</td> <td>_____</td> <td>Owner of Equipment:</td> <td>_____</td> </tr> </table>	Type of Equipment:	_____	Serial Number:	_____	Model No.:	_____	Owner of Equipment:	_____
Employee Name	Company																						
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Type of Equipment:	_____	Serial Number:	_____																				
Model No.:	_____	Owner of Equipment:	_____																				
<p>7. What did you see? _____</p> <p>8. What did you hear? _____</p> <p>9. What did you do? _____</p>	<p>10. In your own words, what happened? (tell as a story – if you need more room flip over and write on the back)</p> <p><b>Statement:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																						
<p><b>Witness Signature:</b> _____ <b>Date:</b> _____</p>																							

