



Submit page 1
within 24 hours

Health, Safety & Environment Services Incident Reporting/Investigation Form

HSE - File No.

Form must be completed in Adobe, and not in a web browser or the information will be lost. Save as, open new and then complete.
Hover over fields to display tool tip instructions. Please complete fields with **grey** backgrounds at minimum.
Use the **submit button** on any of the pages to submit via e-mail. **Please do not submit printed copies.**
NOTE* Fields will overfill but will not expand or scroll on printed forms. If you require assistance email HSE.Services@sait.ca.

INITIAL REPORT

Reported By SAIT ID No. Reporting on behalf of someone else? Yes

Who? Name(s) SAIT ID No. Status at SAIT

School/Dept Reported to Supervisor Yes No Supervisor

Did this incident result in (check all that apply) Close Call Injury/Illness Property Damage Environment Impact Unsure

Date of Incident Time of Incident Date Reported

Did you report to someone else? If so, who? Name

Location of Incident Room or Area Exterior Location

Injury Type (if any) Explanation/Specify (body part, left or right)

INCIDENT NARRATIVE

List person(s) involved
(include contractors and visitors)

List witness(es)
(include contractors and visitors)

Any machinery, tools or equipment involved
(please list)

Brief description of incident (who, what, why, where, when & how) Use point form, include names and places if not mentioned above. If first aid was rendered include a description of treatment.

Incident Response (check all that apply) On Site First Aid Visit to SAIT Clinic Visit to other medical aid Ambulance
 Hospital Visit Fire Department Police Utility Shut Off No response required

Other (Please specify)

Additional comments or worker/student recommendations on prevention

If this form is being submitted because of an injury where time was lost from class or work please inform your supervisor or in the case of a student, your instructor. Before submitting this form please ensure you have filled out the supervisor box at the top of this page.

Pressing **Submit Report** prior to the investigation being completed will inform HSE and supervisor listed the incident has occurred. The supervisor is then responsible to complete the investigation and click **Submit Report** to send the completed investigation for manager signature and then HSE review.

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Incident Reporting/Investigation Form

At least one person on the investigation team should be trained in investigations. Incident is to be investigated by at least one worker familiar with the work but unrelated to the incident along with a supervisor or manager. Ensure all boxes are completed. If you require assistance email HSE.Services@sait.ca.

INVESTIGATION REPORT

Investigation Date

Investigation Team

Witness and Investigation Narrative (findings from witness questioning and evidence review. **DO NOT** include personal opinions or views)

Primary activity at time of incident

Explanation/Comments

Type of contact/exposure

Immediate Causes

Actions

Conditions

Other Causes

Explanation/Comments

Recommendations & Corrective Action(s) (include controls (engineering/administrative/PPE), remedial training or repair of defective parts)

Investigator: once the investigation is complete, please sign with Adobe signature and click **Submit Investigation** to send to supervisor listed and HSE Services.

Manager or Dean/Director: once the investigation is reviewed and corrective actions are complete, please sign with Adobe signature and click **Submit Investigation** to send to HSE Services for review. Indicate in the email body that you have reviewed the investigation and that the corrective actions are complete.

HSE Services: will follow up if there are any additional requirements for the investigation and to confirm corrective actions have been implemented and reviewed by the appropriate authority (manager or dean/director).

Investigator

Date Corrective Actions Completed

Management

HSE Services Review (department use only) - Review comments (include if investigation needs to be re-opened and why) Indicate major contributing factor(s).

Review Date

Reviewed by