NBCC Investigation Report Form

The Investigation Report Form must be completed as soon as possible after the Injury/Incident has been reported. The Regional Operations Manager (ROM) / Facilities Supervisor fills out NBCC Investigation Report Form with help from Joint Health & Safety Committee Member(s) or others as deemed appropriate. Forms are sent to Manager - Health & Safety.

Date & Time of Injury/Incident reported to ROM / Facilities Supervisor:	**Date:**	**Time: AM/PM**

Injury / Incident Description (how the injury/incident occurred): Who, What, When, Where, Why

Contributing Factors: What condition(s) contributed to the injury/incident/property damage?
Check all that apply:

☐ Awkward Position/Posture (Ergonomics)	☐ Defective tools, equipment or materials	☐ Failure to Lockout
☐ Insufficient Training	☐ Improperly guarded equipment/machinery	☐ Unsafe practice
☐ Slip/Trip/Fall* (Include description of footwear)	☐ Deviation from safe practice/procedure	☐ Incorrect/Defective tools
☐ Failure to secure/make safe	☐ Failure to use personal protective equipment	☐ Poor Housekeeping
☐ Operating at improper speed	☐ Operating equipment without authority	☐ Inadequte warning system
☐ Improper loading	☐ Servicing equipment in operation	☐ Fire and explosion hazard
☐ Improper placement	☐ Influence of alcohol/drugs suspected	☐ Noise exposure
☐ Improper lifting	☐ Inadequate/improper protective equipment	☐ Radiation exposure
☐ Improper position for task	☐ Hazardous environmental conditions; (gases, dusts, smoke, fumes, vapours)	☐ Temperature extremes
☐ Horseplay	☐ Inadequate or excessive lighting	☐ Inadequate ventilation
☐ Inattention / Negligence	☐ Making safety devices inoperative	☐ Removing safety devices
	☐ Using equipment improperly	☐ Other:

Comments:

Identify the basic / underlying causes for the existance of the substandard work practice and conditions.
Check all that apply:

Personal Factors	Job Factors
☐ Inadequate physical / physiological capability	☐ Inadequate leadership and/or supervision
☐ Inadequate mental psychological capability	☐ Inadequate engineering
☐ Physical or physiological stress	☐ Inadequate purchasing
☐ Mental or psychological stress	☐ Inadequate maintenance
☐ Lack of knowledge	☐ Inadequate tools/equipment
☐ Lack of skill	☐ Inadequate work standards
	☐ Excessive wear and tear

Comments:

Details of property damage (If applicable):

Corrective measures: Select all that apply		
☐ Additional/Refresher Training	☐ Equipment Repair/Replacement	☐ Conduct a job safety analysis
☐ Improve Housekeeping	☐ Install guard/safety device	☐ Discuss during employee orientation
☐ Review Personal Protective Equipment (PPE)	☐ Changes to work procedure	☐ Other (explain): _____
☐ Hazard Assessment		
Comments:		
Action Plan:		

Person/Department Responsible:			
Completion Date:		**Follow-up Date:**	
Signature of Regional Operations Manager/ Facilities Supervisor:			Date:
Signature of Joint Health & Safety Committee member(s):			Date:
Signature of Manager - Health & Safety, for review:			Date:

Is a claim being made to WorkSafeNB? ☐ Yes ☐ No.		
If Yes, give date of Employer Report of Injury/Illness submitted.		
Submitted by (print name): _____	Signature: _____	Date: _____