



Incident Investigation Report

DATE OF ACCIDENT	TIME OF ACCIDENT	DATE OF REPORT	NATURE OF INCIDENT

Member's Name: _____

Member's Account of the Incident: _____

Basic Cause and Contributing Factors: _____

Recommended Corrective Action: _____

Management Review By: _____

Date to be Implemented: _____

Investigation Team: _____

- Copies Sent To:
- Member Involved
 - Area Supervisor
 - Joint OH&S Committee Co-Chair
 - Other (Safety Officer, Maintenance Department) _____
 - Joint OH&S Committee Union Representative



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