**Final Incident Investigation report**

**Disclaimer:** This document is intended to be a resource document only. The farm will need to customize it and make it farm-specific to address the particular needs, factors, applicable legislated requirements, etc. Once this document has been customized by the farm, this disclaimer, the Helpful Information section, and the logo located in the upper right corner of the page may be deleted and replaced with the farm’s logo. If you require assistance, please contact **AgSafe Alberta** at info@agsafeab.ca or visit [www.agsafeab.ca](http://www.agsafeab.ca) for learning opportunities, tools and resources.

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| **Section 1: Employer’s Information**  |
| Employer’s name (legal name and trade name): |
| Employer's address: |
| County/Town: | Province: | Postal Code: |
| Employer representative’s name: | Email address: | Phone number: |

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| **Section 2: General Incident Information**  |
| Location where the incident occurred (county address, GPS coordinates, and/or legal land description): |
| City/Town (nearest): | Province:  | Postal Code: |
| Date of incident (yyyy-mm-dd): | Time of incident (hh:mm am/pm):  | Comments: |
| Incident type:  | ⧠ Incident (loss incident)  | ⧠ Near miss (no loss incident) | ⧠ Hazard report  |
| Reporting type:  | ⧠ Potentially serious incident  | ⧠ Serious incident  | ⧠ Not applicable  |
| Incident Subtype:  | ⧠ Fatality  | ⧠ Serious/disabling injury  | ⧠ Injury (first aid or medical aid)  |
| ⧠ Wildfire  | ⧠ Equipment damage | ⧠ Work related Illness  |
| ⧠ Equipment fire  | ⧠ Property damage  | ⧠ Environmental spill/release  |
|  | ⧠ Structure fire  | ⧠ Motor vehicle incident  | ⧠ Other:  |

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| **Section 3: Injured Person(s) Information**  |
| Last Name | First Name | Position/Title | Employer |
| a. |  |  |  |
| Nature of Injury: |
| Other: |
| Last Name | First Name | Position/Title | Employer |
| b.  |  |  |  |
| Nature of Injury: |
| Other: |
| Last Name | First Name | Position/Title | Employer |
| c. |  |  |  |
| Nature of Injury: |
| Other: |

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| **Section 4: Involved or Witnessing Parties**  |
| First & Last Name | Trade/Occupation | Position | Employer |
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| **Section 5: Incident Description (Only include facts here)** |

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| **Section 6: Supporting Documents** |

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| List the supporting documentation attached or included with this report in the space below. These items may include pictures, diagrams, formal hazard assessments, field level hazard assessments, toolbox meetings, witness statements, maintenance records, training records, orientations, contractor agreements, etc.  |

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| **Section 7: Root Causes(s) Identified** |

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| **Section 8: Corrective Action(s)** |
| Corrective action(s) to be taken: | Assigned To *(First & last name, position)* | Goal Date | Date Completed |
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| **Section 9: Investigation Team Members** |
| Last Name | First Name | Position/Title | Employer |
| a. |  |  |  |
| Signature: |  | Date: |  |
| b. |  |  |  |
| Signature: |  | Date: |  |
| c. |  |  |  |
| Signature: |  | Date: |  |
| d. |  |  |  |
| Signature: |  | Date: |  |

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| **Section 10: Senior Management/Leadership Review** |
| Last Name | First Name | Position/Title | Employer |
| a. |  |  |  |
| Signature: |  | Date: |  |
| b. |  |  |  |
| Signature: |  | Date: |  |
| c. |  |  |  |
| Signature: |  | Date: |  |
| d. |  |  |  |
| Signature: |  | Date: |  |

**Important:** Retain a copy of this document in your farm records.