

Supervisor Incident Investigation Report (Form F3020/1)

Instructions: Supervisor is to investigate the incident by interviewing the individuals involved and examination of other evidence. This form is to be completed and returned to the Division Safety Officer (or the ESH&Q Section if no DSO assigned) within 2 working days of the incident. This form may be used for “near miss” incidents.

- 1. Date of Incident:**

- 2. Individuals Involved:**

- 3. Incident/Occurrence Description:**
(Describe the events of the incident, beginning with the initiating event and ending with the nature and extent of the injury/damage)

- 4. What actions on the part of the individuals involved contributed to the incident?**

- 5. What external conditions or factors (e.g., weather, lighting, heat, etc.) were present that contributed to or led to the incident?**

6. Describe corrective actions taken to date.

7. Describe preventive actions taken.

8. Describe other corrective actions recommended to be taken, along with proposed completion dates.

Date of Report:

Supervisor Signature:	<input type="text"/>	Date:	<input type="text"/>
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