Incident, Illness & Injury Investigation Checklist

Information About the Person Involved (Complete separate checklist for each person)				
Person's full name				
Person's full address				
Person's date of birth (dd/mm/yy)				
Person's gender	☐ Male	☐ Female	☐ Other	
Type of person	☐ Employee	☐ Contractor	☐ Other	
If employee, date hired (dd/mm/yy)				
If employee, time person began work		☐ AM	☐ PM	
Information About the Event				
Date of event (dd/mm/yy)				
Time of event		☐ AM	☐ PM	
Type of event	☐ Incident	☐ Illness	☐ Injury	☐ Other
File/Case number of event				
If employee, did event result in lost time at work?			☐ Yes	☐ No
If yes, how many days?				
If employee, did event result in transfer/restriction of duties?			☐ Yes	☐ No
How did the event occur?				
Activities that preceded the event?				
Tools and/or equipment involved in the event?				
Result of event – what harm did the person involved suffer?				
What object or substance caused direct harm to the person involved?				
Part of person's body affected?				

Information About First Aid/Medical Aid Provided		
Was first aid/medical aid provided?	☐ Yes	☐ No
Name of first aider/medical professional that provided aid		
Location aid was provided		
Was person treated in an emergency room?	☐ Yes	☐ No
Was person hospitalized overnight?	☐ Yes	☐ No
Investigation completed by		
Signature of investigator		
Date investigation completed (dd/mm/yy)		