Overview:

To help your business improve workplace health and safety, CFIB has developed practical business templates to help keep your workplace and employees safe. The documents in this series are designed to help employers meet and achieve good health and safety practices / programs.

We are pleased to provide you a copy of CFIB’s Accident Investigation/Analysis Template

Recommendations for using this template:

In Canada it is required for employers to have a health and safety program in their workplace. This is a template which you may adapt and use to help implement an effective Occupational Health and Safety (OHS) practices and programs for your workplace. The content of this document is broadly inspired by the Canadian Occupational Health and Safety Regulation, and can serve as an excellent starting point for putting together practical documents which your employees can consult at anytime.

Important notes:

* These documents may require you to edit the content in order to meet the special needs of your workplace, as well as your provincial / territorial legislation.
* The documents should be implemented by a senior manager or by the business owner to demonstrate their commitment to health and safety.
* It is strongly suggested to periodically update these documents so that they reflect all legislative, regulatory, and internal policy changes.
* As a member of CFIB, your membership gives you access to our business support services. Our Counsellors can assist members with customizing these templates, but it is always recommended that the final draft be reviewed with a qualified/certified professional (i.e. lawyer).

A few hints on customizing:

* Words highlighted in grey must be replaced by information specific to your company.
* We have also included some optional tips; they are to be deleted before printing this document.

**Need customized advice? Contact us!**

**1 888 234-2232 |** cfib@cfib.ca

This template is provided to you for information purposes only. CFIB cannot be held responsible for its final content or for any subsequent use and interpretation thereof by the company or a third party.

We suggest that you remove this introductory page when preparing your company’s health and safety programs.

Insert your business logo here

Accident Investigated/Analysis

|  |  |
| --- | --- |
| Document created by:  | (Name) |
| Approved by: | (Name) |
| Departments: | (If applicable) |
| Date :  | (2019-01-10) |
| Version:  | (V.1) |
| Last Updated:  | (2019-01-10) |

Table of contents

To update the Table of Contents below, right-click on your mouse; select “Update Table” and then “Update entire table”.

[Accident Investigation/Analysis 2](#_Toc531096146)

[Accident/Incident Informaton 2](#_Toc531096147)

[Time 3](#_Toc531096148)

[Equipment or machinery 3](#_Toc531096149)

[Location 3](#_Toc531096150)

[Individual 4](#_Toc531096151)

[Task 4](#_Toc531096152)

[Organization 5](#_Toc531096153)

The Accident Investigation/Analysis is carried out in order to help you indentify the cause(s) of an accident so as to prevent further incidents from occurring. Once the causes are established, precautions must be identified and implemented to prevent a reoccurrence. Some jurisdictions provide guidance such as requiring that the incident analysis must be conducted jointly, with both management and staff representation, please be sure to consult your provincial / territorial legislation.

Accident Investigation/Analysis

Accident/Incident Information

|  |  |
| --- | --- |
| Employee’s name: |  |
| Date and time of event: |  |
| Date event was reported: |  |
| Workstation: |  |
| Immediate supervisor: |  |
| Description of the accident: |  |

Time

|  |  |
| --- | --- |
| When did the accident occur? |  |
| Did it occur before the employee went on vacation or before a weekend?  |  |
| Was the employee working overtime when the accident occurred?  |  |

Equipment or machinery

|  |  |
| --- | --- |
| What tools/devices were being used when the accident occurred?  |  |
| Were these tools/devices regularly inspected?  |  |
| Is there a special procedure required to use these tools/devices? |  |

Location

|  |  |
| --- | --- |
| Indicate the location where the accident occurred |  |
| Was this area congested of cluttered?  |  |
| Was there sufficient lighting?  |  |

Individual

|  |  |
| --- | --- |
| How experienced is the individual in doing this work? |  |
| Did she/he have any physical disabilities? |  |
| Was she/he wearing any personal protective equipment? |  |

Task

|  |  |
| --- | --- |
| Was this task a regular part of the employee’s job? |  |
| Is this work paid on an hourly basis or is it contract work?  |  |
| What exactly was the employee doing when the accident occurred?  |  |

Organization

|  |  |
| --- | --- |
| Had the immediate supervisor explained the task to the employee? |  |
| Are the work processes being monitored? |  |
| Has a similar accident occurred previously in this company?  |  |
| Which circumstances contributed to the accident?  |  |
| Describe more ideal circumstances that might have prevented the accident: |  |
| What corrective action is required? |  |
| What is the deadline? |  |