

Accident / Incident Investigation Report

Part A Employer Information			
Department:		Occupation at time of Injury:	Shift start time: (a.m./p.m.)
Full Time / Part Time / Seasonal / Casual			
Length of Service in Company: Years: Months:		Length of Service in Department: Years: Months:	

Part B Employee Information			
First Name:		Last Name:	Date of Birth:
Home Address:		City:	Postal Code:
Home Phone:		Cell Phone:	Male / Female

Part C Accident / Injury Information				
Date of Accident (dd/mm/yy)		Time (a.m./p.m.)	Date Injury Reported (dd/mm/yy)	Time (a.m./p.m.)
To Whom was the accident/injury reported?				Position:
Were there any witnesses to the accident/injury?				Yes / No (circle one)
If yes please provide the witness(es) name(s) and have them complete a witness statement.				
Name(s) _____				
Name(s) _____				
Was the employee working at the time of the incident?		Yes / No / na	Was the employee on a ride break?	Yes / No / na
Was the employee's actions for the purpose of work?		Yes / No / na	Was the employee on a designated run?	Yes / No / na

Body Part Injured:		Left / Right / Front / Back / Bilateral (circle relevant)
Describe what happened to result in the injury (include as much description as possible). Include make, model, size, weight of equipment involved.		
Location of Incident: Indoor / Outdoor / Run / Lifts		Run Location: (top, mid, lower, landmark etc)
Run name: (if relevant)		

Part D Primary Cause of Incident - Mechanical / Human / Management / Environmental Factors.	
Brief description of Primary Cause:	

Part E Modified / Light Duties	
Modified/Light duties have been discussed with Employee:	YES (circle)
Modified/ Light duties have been offered to the Employee:	YES (circle)
Employee Signature: _____	

Part F Person Completing Form	
First Aid Attendant Name: _____	Signature: _____
Supervisor/Manager Name: _____	Signature: _____

Part G Please complete each box. Circle all relevant fields for boxes 1 - 11 (3-11 on reverse side).					
1. Classification of Incident		2. Type of Injury			
<input type="radio"/> Reportable OR	Pick one only	<input type="radio"/> Ache/Pain/Soreness	<input type="radio"/> Contagious/	<input type="radio"/> Cardiac/	<input type="radio"/> Stress
<input type="radio"/> Not Reportable		<input type="radio"/> Acute Reaction	Infectious disease	Heart Attack	<input type="radio"/> Stroke
<input type="radio"/> Near Miss	Pick one or more	<input type="radio"/> Allergic Reaction	<input type="radio"/> Chronic pain	<input type="radio"/> Heat Related	<input type="radio"/> Shock
<input type="radio"/> Property or Equipment Damage		<input type="radio"/> Amputation	<input type="radio"/> Concussion	<input type="radio"/> Imbedded Object	<input type="radio"/> Other (specify)
<input type="radio"/> First Aid		<input type="radio"/> Bite/Sting	<input type="radio"/> Crushing Injury	<input type="radio"/> Irritation	
<input type="radio"/> Medical Aid		<input type="radio"/> Bruise/Contusion	<input type="radio"/> Dislocation/Separation	<input type="radio"/> Laceration	
<input type="radio"/> Fatality		<input type="radio"/> Burn	<input type="radio"/> Electrical Injury	<input type="radio"/> No Injury/No Illness	
<input type="radio"/> Lost Time		<input type="radio"/> Cold Related	<input type="radio"/> Fatality	<input type="radio"/> Puncture Wound	
<input type="radio"/> Injury, no first aid			<input type="radio"/> Fracture	<input type="radio"/> Sprain/Strain	

Complete each box. Circle relevant fields.

3. Conditions				4. Location of Incident			
Run Type	Weather	Temp	Conditions	Pick one of the 4 below:			
<input type="radio"/> Green	<input type="radio"/> Clear	<input type="radio"/> 30 and above	<input type="radio"/> Groomed	<input type="radio"/> Indoor	<input type="radio"/> Outdoor	<input type="radio"/> Lifts	<input type="radio"/> Run
<input type="radio"/> Blue	<input type="radio"/> Sunny	<input type="radio"/> 21 to 29	<input type="radio"/> Powder	Location Detail. Circle relevant fields:			
<input type="radio"/> DbI Black	<input type="radio"/> Overcast	<input type="radio"/> 11 to 20	<input type="radio"/> Ice	<input type="radio"/> Kitchen	<input type="radio"/> Loading Bay	<input type="radio"/> Entrance	<input type="radio"/> Lunch Room
<input type="radio"/> Avi Control	<input type="radio"/> Raining	<input type="radio"/> 1 to 10	<input type="radio"/> Wet Snow	<input type="radio"/> Dining Area	<input type="radio"/> Storage Area	<input type="radio"/> Stairs	<input type="radio"/> Closet
<input type="radio"/> Cat Track	<input type="radio"/> Fog	<input type="radio"/> -15 to 0	<input type="radio"/> Granular	<input type="radio"/> Serving Area	<input type="radio"/> Rental	<input type="radio"/> Deck	<input type="radio"/> Fire/Alternative Exit
Lighting	<input type="radio"/> Misty	<input type="radio"/> -16 to -25	<input type="radio"/> Hard Packed	<input type="radio"/> Retail Area	<input type="radio"/> Maintenance Yard	<input type="radio"/> Pedestrian Walkway	<input type="radio"/> Garage
<input type="radio"/> Sharp	<input type="radio"/> Light Snow	<input type="radio"/> -26 and below	<input type="radio"/> Moguls	<input type="radio"/> Lobby	<input type="radio"/> Maintenance Shop	<input type="radio"/> Locker Room	<input type="radio"/> Shed
<input type="radio"/> Flat	<input type="radio"/> Medium Snow	Snow	<input type="radio"/> Variable	<input type="radio"/> Bathroom	<input type="radio"/> Day Care	<input type="radio"/> Shop Area	<input type="radio"/> Exterior Walls
<input type="radio"/> WhiteOut	<input type="radio"/> Heavy Snow	<input type="radio"/> No New	<input type="radio"/> Level Ground	<input type="radio"/> Office	<input type="radio"/> Restaurant	<input type="radio"/> Fuel Area	<input type="radio"/> Scaffolding
<input type="radio"/> Daylight	<input type="radio"/> Hail/Graupel	<input type="radio"/> 0-5 cm	<input type="radio"/> Steep	<input type="radio"/> Entrance	<input type="radio"/> Huts / Beavertails	<input type="radio"/> Roof	<input type="radio"/> Ski Run: _____
<input type="radio"/> Dusk/Dawn	<input type="radio"/> Windy	<input type="radio"/> 6-10 cm	<input type="radio"/> Shallow Slope	<input type="radio"/> BBQ Area	<input type="radio"/> Elevator	<input type="radio"/> Attic	<input type="radio"/> Vehicle
<input type="radio"/> Dark	<input type="radio"/> Other (specify)	<input type="radio"/> 11-20 cm	<input type="radio"/> Man-Made	<input type="radio"/> Parking Lot	<input type="radio"/> Mechanical Room	<input type="radio"/> Municipal/Provincial Road	
		<input type="radio"/> 21-30 cm	<input type="radio"/> On Feature				
		<input type="radio"/> 31 cm and above	<input type="radio"/> Early/Late Season				
		<input type="radio"/> Other (specify)					
5. Incident Details						6. Equipment & Ability	
Ski & Snowboard (On Hill)	Lift Related		Other	Equipment	Binding Release	Ability	
<input type="radio"/> Travelling on closed terrain	<input type="radio"/> Fell loading lift		<input type="radio"/> Inappropriate Clothing	<input type="radio"/> Downhill Skis	<input type="radio"/> None	<input type="radio"/> Beginner	
<input type="radio"/> Fall - lost control	<input type="radio"/> Fell unloading lift		<input type="radio"/> Inappropriate PPE	<input type="radio"/> Snowboard	<input type="radio"/> Left Only	<input type="radio"/> Novice	
<input type="radio"/> Fall - caught edge	<input type="radio"/> Fell riding lift		<input type="radio"/> Burn - kitchen related	<input type="radio"/> Nordic Skis	<input type="radio"/> Right only	<input type="radio"/> Intermediate	
<input type="radio"/> Fall and struck by own equipment	<input type="radio"/> Helping fallen lift passenger		<input type="radio"/> Burn - electrical	<input type="radio"/> Telemark Skis	<input type="radio"/> Both	<input type="radio"/> Advanced	
<input type="radio"/> Fall - jumping	<input type="radio"/> Struck by chair/gondola		<input type="radio"/> Burn - sun	<input type="radio"/> Snow Shoes	<input type="radio"/> Pre-Release	<input type="radio"/> Expert	
<input type="radio"/> Fall - change of conditions	<input type="radio"/> Struck by other moving lift			<input type="radio"/> Snow Blades	<input type="radio"/> Unknown	<input type="radio"/> Ability Unknown	
<input type="radio"/> Fall - change of terrain				<input type="radio"/> Owned	Lessons		
<input type="radio"/> Near collision OR Collision (pick one)	Vehicle Related		Maintenance Related	<input type="radio"/> Demos	<input type="radio"/> Never		
<input type="radio"/> Evasive action	<input type="radio"/> Fall from large equipment		<input type="radio"/> Fell from ladder	<input type="radio"/> Rental	<input type="radio"/> This Year		
<input type="radio"/> Contact with a foreign object	<input type="radio"/> Fall from snowmobile		<input type="radio"/> Fell from tower	<input type="radio"/> Area Rentals	<input type="radio"/> Years Ago		
<input type="radio"/> Contact with a foreign object	<input type="radio"/> Snowmobile: flip or off trail		<input type="radio"/> Fell from terrain park feature	<input type="radio"/> Borrowed	<input type="radio"/> Lessons Unknown		
<input type="radio"/> Undesignated terrain	<input type="radio"/> Collision with person		<input type="radio"/> Fell from natural snow feature	<input type="radio"/> Tool	Helmet		
<input type="radio"/> Skiing off designated route	<input type="radio"/> Collision with another vehicle		<input type="radio"/> Fell from roof	<input type="radio"/> Other (specify)	<input type="radio"/> Yes		
<input type="radio"/> Skiing with t-bog	<input type="radio"/> Collision with fixed object		<input type="radio"/> Caught in/by vehicle moving part		<input type="radio"/> No		
<input type="radio"/> Helping fallen student	<input type="radio"/> Struck by passenger		Footwear & Surface				
<input type="radio"/> Collision with t-bog	Lifting		<input type="radio"/> Slipped on wet surface				
<input type="radio"/> Teaching skiing with child between legs	<input type="radio"/> Lifting patient		<input type="radio"/> Slipped on slippery surface				
<input type="radio"/> Ski cutting	<input type="radio"/> Lifting tool, equipment or boxes		<input type="radio"/> Object fell on foot				
<input type="radio"/> Struck by falling ice or snow	<input type="radio"/> Shoveling/Pick						
7. 8. 9. 10. Primary Cause							
7. MECHANICAL FACTOR	8. HUMAN FACTOR			9. MANAGEMENT FACTOR	10.ENVIRONMENTAL FACTOR		
<input type="radio"/> Operating at improper speeds	<input type="radio"/> Operating equipment without being trained			<input type="radio"/> Operating equipment without being trained	<input type="radio"/> Wet surface		
<input type="radio"/> Making safety devices inoperable	<input type="radio"/> Safe work procedures not being followed (safety standards)			<input type="radio"/> Safe work procedures not being followed (safety standards)	<input type="radio"/> Greasy surface		
<input type="radio"/> Removing safety devices	<input type="radio"/> Proper equipment not being used			<input type="radio"/> Proper equipment not being used	<input type="radio"/> Snow covered surface		
<input type="radio"/> Improper loading	<input type="radio"/> Proceeding without properly securing items			<input type="radio"/> Proceeding without properly securing items	<input type="radio"/> Icy surface		
<input type="radio"/> Improper lifting	<input type="radio"/> Operating at improper speed			<input type="radio"/> Making safety devices inoperable	<input type="radio"/> Inadequate footwear		
<input type="radio"/> Improper position for task	<input type="radio"/> Making safety devices inoperable			<input type="radio"/> Removing safety devices (i.e. guard)	<input type="radio"/> Confined/restricted space		
<input type="radio"/> Stress	<input type="radio"/> Removing safety devices (i.e. guard)			<input type="radio"/> Using defective equipment	<input type="radio"/> Fire and explosion hazards		
<input type="radio"/> Misload	<input type="radio"/> Using defective equipment			<input type="radio"/> Personal protective equipment not being used	<input type="radio"/> Hazardous environmental conditions, gases, dusts, smoke, fumes, vapours		
<input type="radio"/> Wet Surface	<input type="radio"/> Personal protective equipment not being used			<input type="radio"/> Using equipment improperly	<input type="radio"/> Noise exposure		
<input type="radio"/> Greasy surface	<input type="radio"/> Using equipment improperly			<input type="radio"/> Horseplay	<input type="radio"/> High or low temperature exposure		
<input type="radio"/> Snow-covered surface	<input type="radio"/> Improper loading			<input type="radio"/> Operating equipment without permission	<input type="radio"/> Inadequate lighting		
<input type="radio"/> Uneven surface	<input type="radio"/> Improper placement			<input type="radio"/> Lack of training	<input type="radio"/> Inadequate ventilation		
<input type="radio"/> Icy surface	<input type="radio"/> Improper lifting			<input type="radio"/> Confined/restricted space	<input type="radio"/> Change of conditions		
<input type="radio"/> Caught in/by vehicle moving part	<input type="radio"/> Improper position for task			<input type="radio"/> Inadequate warning system	<input type="radio"/> Change of terrain		
<input type="radio"/> Inadequate maintenance	<input type="radio"/> Operating equipment without permission			<input type="radio"/> Inadequate ventilation	<input type="radio"/> Congestion		
<input type="radio"/> Inadequate tools/equipment/materials	<input type="radio"/> Lack of training			<input type="radio"/> Inadequate lighting	<input type="radio"/> Ski cutting (avalanche		

Incident causes: Please list any and all factors that may have contributed to this incident

Recommendations: Indentify any corrective actions that have been taken or need to be taken

to prevent similar incidents

Recommended Corrective Action	Action by whom	Action by date

Retraining required

Type of retraining	Retraining by whom	Retraining date