

# 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:	<b>YES (circle)</b>
Modified/ Light duties have been offered to the Employee:	<b>YES (circle)</b>
<b>Employee Signature:</b> _____	

## 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	
<input type="radio"/> Reportable OR	Pick one only
<input type="radio"/> Not Reportable	
<input type="radio"/> Near Miss	Pick one or more
<input type="radio"/> Property or Equipment Damage	
<input type="radio"/> First Aid	
<input type="radio"/> Medical Aid	
<input type="radio"/> Fatality	
<input type="radio"/> Lost Time	
<input type="radio"/> Injury, no first aid	

2. Type of Injury			
<input type="radio"/> Ache/Pain/Soreness	<input type="radio"/> Contagious/	<input type="radio"/> Cardiac/	<input type="radio"/> Stress
<input type="radio"/> Acute Reaction	<input type="radio"/> Infectious disease	<input type="radio"/> Heart Attack	<input type="radio"/> Stroke
<input type="radio"/> Allergic Reaction	<input type="radio"/> Chronic pain	<input type="radio"/> Heat Related	<input type="radio"/> Shock
<input type="radio"/> Amputation	<input type="radio"/> Concussion	<input type="radio"/> Imbedded Object	<input type="radio"/> Other (specify)
<input type="radio"/> Bite/Sting	<input type="radio"/> Crushing Injury	<input type="radio"/> Irritation	
<input type="radio"/> Bruise/Contusion	<input type="radio"/> Dislocation/Separation	<input type="radio"/> Laceration	
<input type="radio"/> Burn	<input type="radio"/> Electrical Injury	<input type="radio"/> No Injury/No Illness	
<input type="radio"/> Cold Related	<input type="radio"/> Fatality	<input type="radio"/> Puncture Wound	
	<input type="radio"/> Fracture	<input type="radio"/> Sprain/Strain	

**Complete each box. Circle relevant fields.**

3. Conditions				4. Location of Incident			
<b>Run Type</b>	<b>Weather</b>	<b>Temp</b>	<b>Conditions</b>	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"/> Dbl 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
<b>Lighting</b>	<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	<b>Snow</b>	<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"/> <b>Ski Run:</b> _____
<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"/> Mountain Road		
		<input type="radio"/> 31 cm and above	<input type="radio"/> Early/Late Season				
			<input type="radio"/> Other (specify)				

5. Incident Details			6. Equipment & Ability		
<b>Ski &amp; Snowboard (On Hill)</b>	<b>Lift Related</b>	<b>Other</b>	<b>Equipment</b>	<b>Binding Release</b>	<b>Ability</b>
<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		<b>Maintenance Related</b>	<input type="radio"/> Owned	<b>Lessons</b>	
<input type="radio"/> Near collision OR Collision (pick one)	<b>Vehicle Related</b>	<input type="radio"/> Fell from ladder	<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 tower	<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 terrain park feature	<input type="radio"/> Area Rentals	<input type="radio"/> Years Ago	
<input type="radio"/> Undesignated terrain	<input type="radio"/> Snowmobile: flip or off trail	<input type="radio"/> Fell from natural snow feature	<input type="radio"/> Borrowed	<input type="radio"/> Lessons Unknown	
<input type="radio"/> Skiing off designated route	<input type="radio"/> Collision with person	<input type="radio"/> Fell from roof	<input type="radio"/> Tool	<b>Helmet</b>	
<input type="radio"/> Skiing with t-bog	<input type="radio"/> Collision with another vehicle	<input type="radio"/> Caught in/by vehicle moving part	<input type="radio"/> Other (specify)	<input type="radio"/> Yes	
<input type="radio"/> Helping fallen student	<input type="radio"/> Collision with fixed object	<b>Footwear &amp; Surface</b>		<input type="radio"/> No	
<input type="radio"/> Collision with t-bog	<input type="radio"/> Struck by passenger	<input type="radio"/> Slipped on wet surface			
<input type="radio"/> Teaching skiing with child between legs	<b>Lifting</b>	<input type="radio"/> Slipped on slippery surface			
<input type="radio"/> Ski cutting	<input type="radio"/> Lifting patient	<input type="radio"/> Object fell on foot			
<input type="radio"/> Struck by falling ice or snow	<input type="radio"/> Lifting tool, equipment or boxes				
	<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 control)
<input type="radio"/> Inappropriate spacing/location/access	<input type="radio"/> Inadequate location, spacing	<input type="radio"/> Travelling with tools or equipment	<input type="radio"/> General housekeeping
<input type="radio"/> Inadequate warming system	<input type="radio"/> Horseplay	<input type="radio"/> Misload	<input type="radio"/> Weather conditions
<input type="radio"/> Inadequate lighting	<input type="radio"/> Assisting fallen passenger	<input type="radio"/> Failure to enforce safe work practices	<input type="radio"/> Caught Edge
<input type="radio"/> Inadequate ventilation system	<input type="radio"/> Working too closely to equipment	<input type="radio"/> Inadequate maintenance (including preventative maintenance)	<b>11. REMEDIAL ACTION</b>
<input type="radio"/> Improper placement	<input type="radio"/> Misload	<input type="radio"/> Inadequate/improper tools, equipment.. or materials	<input type="radio"/> Review incident details at mngt mtg
<input type="radio"/> Equipment in need of tuning	<input type="radio"/> Unfamiliarity with terrain	<input type="radio"/> General housekeeping	<input type="radio"/> Re-design of work area
<input type="radio"/> Equipment failure	<input type="radio"/> Loss of control	<input type="radio"/> Policy, procedure, or work standard not available or inadequate	<input type="radio"/> Improve housekeeping
<input type="radio"/> Congestion	<input type="radio"/> Caught in/by vehicle moving part	<input type="radio"/> Inappropriate location, spacing, access	<input type="radio"/> Notify maintenance dept to ... correct maintenance issues
<input type="radio"/> Binding pre-release	<input type="radio"/> Beyond ability level		<input type="radio"/> Reassess work hazards
<input type="radio"/> Contact with/struck by something/ or someone	<input type="radio"/> Attempting man-made feature		<input type="radio"/> Repair or replace tools or equipment
<input type="radio"/> Excessive speed	<input type="radio"/> Jumping		<input type="radio"/> Communicate action items to associates
	<input type="radio"/> Struck by other's equipment		<input type="radio"/> Review/Improve inspection process
	<input type="radio"/> Ski-cutting (avalanche control)		<input type="radio"/> Recommendation to improve training ..
	<input type="radio"/> Contact with/struck by something/someone		... (describe in 'other ' box below)
	<input type="radio"/> Caught edge		<input type="radio"/> Re-train employee
	<input type="radio"/> Excessive speed		<input type="radio"/> Re-train supervisor/manager
	<input type="radio"/> Stress		<input type="radio"/> Discipline employee
	<input type="radio"/> Fatigue		<input type="radio"/> Discipline supervisor/manager
	<input type="radio"/> Distraction/Inattention		<input type="radio"/> Other (describe below)
	<input type="radio"/> Rushing		
	<input type="radio"/> Under the influence		

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

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**Recommendations: Identify 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