**Incident Investigation Report**

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| Employee last name | First name | Experience with task | Date of incident |
| Date Reported |  | Fatigue Assessment Score | Location, Company |
| Occupation | Years of driving experience | Was a safe work procedure established and available? | Was the person trained on the procedure? |

Incident Near miss

Injury/ Illness Equipment Damage Environmental

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| Body part affected | Nature of injury or illness | Object or substance that caused harm or damage |
| Equipment Damage | Nature of equipment damage | Cost estimate  Cost Actual |
| Activity or task at the time of the incident |  |  |
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| Severity  Catastrophic Critical Moderate Minor | Probability  Frequent Probable Occasional Remote Improbable  Rating from Risk Matrix |

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| Detailed Description of Incident. Include all related events leading up to the incident. |
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| **Immediate Cause**. What substandard actions or conditions caused the event? |
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| **Basic/Root Cause**. What specific personal or job factors could cause this event? | | |
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| **Program Elements**. What items or program, process (procedure, training, policy) require corrective actions | | |
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| **Corrective Actions Recommended** | Assigned to | By date |
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| **Investigator addendum**. All other events that lead up to the incident. |
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| **Witness Statement**. Include all related events that lead up to the incident. |
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| Name: Signature: Date: |