

INVESTIGATION CHECKLIST

NOTIFICATION

- Agencies/associations
- Time and date of accident
- Time and date of notification
- Time and date of arrival on site
- First supervisory staff person notified

SCENE

- Diagram
- Photos
- Measurements
- Position of tools, equipment

WORKER

- Name
- age
- Home addresses and phone number
- Occupation
- Experience
- Training for this job
- Moral or attitude
- Familiarity with equipment
- How supervised
- Personal protective equipment
- Personal problems on/off job
- Mental/physical disabilities
- Nature of injuries
- Doctor's name, address and phone number
- Next of kin contact information (fatality)
- Suspected alcohol or drug abuse

SUPERVISION

- Name
- Experience as supervisor
- Experience in job worker was doing
- Personal knowledge of worker
- Method of supervision
- Knowledge of WCB and/or OH&S regulations
- Opinion of how accident happened
- Opinion of how accident could have been prevented
- Management's instructions

PERSONS WITH INFORMATION

- Name
- Employer, home address and phone numbers
- Recollection of accident
- Hearsay (gossip)

ENVIRONMENT AND SITE

- General condition - Housekeeping
- Lighting, visibility, air quality
- Ventilation
- Wind
- Temperature
- Weather Conditions
- Terrain
- Noise
- Floor surface condition

OTHER PARTY(S)

- Instructions
- Experience in industry
- Experience in job at time of accident
- Supervision
- Training
- Knowledge of WCB and/or OH&S regulations
- Procedure Violation
- Familiarity with equipment at time of accident
- Role in accident

EMPLOYER

- Condition of safety program
- Address where employee records are kept
- Written safe work procedure
- Corrective actions

EQUIPMENT AND SITE

- General condition
- Make, serial number, and model number
- Manufacturer's information
- Layout of operation
- Maintenance information and records
- Suitability for job

FIRST AID

- Services available
- Services used
- Treatment given
- Name of attendant
- Certification level

NOTES:
