

# Gyp-Tec Drywall

## Incident Investigation Report

Date/Time: \_\_\_\_\_

1. Incident Type:	<input type="checkbox"/> Injury/Illness	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Major Potential	<input type="checkbox"/> Fire
	<input type="checkbox"/> Spill	<input type="checkbox"/> Other	<input type="checkbox"/> Vehicle Collision	

(Also Complete Collision Report)

2. Incident Date (mm/dd/yyyy)	3. Time:
4. Area	5. Specific Location:

### Injury/Illness

If this incident does not pertain to this section, enter N/A into the required fields in this section

6.  First Aid     Medical Aid     Modified Work     Lost Time     Fatal

7. Name of Employee:	8. Age	Sex
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9. Occupation:	9.5. Experience: (Years & Months)
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10. Nature of Injury:

11. Object/Equipment/Substance Inflicting Injury/Damage:

### Property Damage

If this incident does not pertain to this section, enter N/A into the required fields in this section

12. Description of Property:

13. Description of Damage:

14. Estimated Loss/Damage Cost:

### Other Actual/Potential Loss

If this incident does not pertain to this section, enter N/A into the required fields in this section

15. Type:

16. Description:

17. Estimated Cost

18 Evaluation of Risk Potential if Not Corrected:

A. Loss Severity Potential     Major     Serious     Minor

B. Probable Recurrence Rate     Frequent     Occasional     Rare

19. Description of Incident:

20. Diagram of Scene:

## Incident Investigation Report – Continued

Incident Date and Description:

21. Witness(es)

Please list all witnesses here

Witness(es) Statement(s) Attached:  Yes  No

22. Immediate Cause(s)

Description:

23. Underlying Cause(s)

Description:

24. Corrective Action(s)

Immediate, Interim, Final:

Recommendations Completed by Whom:

Date/Time:

25. Date Report Completed: (mm/dd/yyyy)

### Signatures

By the supervisor signing below, they confirm that the employee has reviewed and accepted this document with them and the employee has signed this document either by having drawn their signature on this doc or by digitally signing it.

Supervisor:

Employee:

Reviewed by:

Date/Time:

Further Recommendations:

Recommendations Implemented:  Yes  No

