



**CancerCare**  
MANITOBA  
*Action Cancer Manitoba*

**Incident Investigation Summary Report**

**FIRE – EXPLOSION – SPILL – FLOODING – STRUCTURAL COLLAPSE – REFUSAL TO WORK - OTHER †**  
**(circle one)**

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Employer Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Injury:            Yes †    No

†  
Death:            Yes †    No †

Date and Time of Incident: \_\_\_\_\_

Investigating Committee Members:

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**PART I – PARTICULARS**

Did the incident involve injury? Yes † No †

Name of injured person or person refusing to work:

\_\_\_\_\_

First Name	Middle Name	Last Name
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Has a Workers Compensation Board Form been filled out? Yes † No †

Location of Incident: \_\_\_\_\_

Nature of Injury:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

First Name	Middle Name	Last Name
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Did the incident involve property damage? Yes † No †  
If yes, describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was first aid rendered? Yes † No †

If yes, by whom? (if outside emergency assistance was required, provide details)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PART III – EVIDENCE**

*Sketch of incident scene:*

Describe physical evidence collected:

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Photo/Video Evidence: (List and describe the photos and videos)

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**PART III – EVIDENCE (CONT'D)**

***Persons with Information - Statement Summary:***

Name: \_\_\_\_\_  
                  First Name                  Middle                  Last Name

Date Interviewed: \_\_\_\_\_ Occupation: \_\_\_\_\_  
                                  dd/mm/yy

Contact Phone #: \_\_\_\_\_

Did you witness the incident? Yes  No

Name of Interviewer: \_\_\_\_\_

Summary of Statement:

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***Persons with Information - Statement Summary:***

Name: \_\_\_\_\_  
                  First Name                  Middle                  Last Name

Date Interviewed: \_\_\_\_\_ Occupation: \_\_\_\_\_  
                                  dd/mm/yy

Contact Phone #: \_\_\_\_\_

Did you witness the incident? Yes  No

Name of Interviewer: \_\_\_\_\_

Summary of Statement:

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**PART IV – INCIDENT CAUSATION**

What was the DIRECT CAUSE of the incident? (What caused injury or damage?)

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What were the INDIRECT CAUSES? (What caused the incident?)

**TASK:**

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**WORKER(S):**

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**MATERIAL/EQUIPMENT:**

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**MANAGEMENT:**

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**ENVIRONMENT:**

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**PART V – CORRECTIVE ACTION**

**Immediate** corrective actions to prevent recurrence:

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Target Date for corrective action: \_\_\_\_\_  
dd/mm/yy

Long term solutions:

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Target Date for corrective action: \_\_\_\_\_  
dd/mm/yy

**PART VI – REPORT REVIEW**

Signature of Investigator(s): \_\_\_\_\_

Date report completed: \_\_\_\_\_  
dd/mm/yy

Distribute Report to:

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