SAFE

INCIDENT INVESTIGATION REPORT

Contractor EHS Event & Root Cause Analysis

1. General Incident Information

Basic Data

Contractor Name:		**Incident No / Ref:**	
Project / Site:		**Exact Location:**	
Date of Incident:		**Time of Incident:**	
Date Reported:		**Reported To:**	

Incident Severity:	☐ Near Miss ☐ First Aid ☐ Medical Treatment ☐ Restricted Work ☐ Lost Time Injury ☐ Property Damage ☐ Environmental Release

2. Affected Personnel & Injury / Damage Details

Impact Details

Injured / Affected Name:		**Job Title / Role:**	
Supervisor Name:		**Years Experience:**	
Body Part Affected:		**Nature of Injury:**	
Treatment Facility / Hospital:			

3. Sequence of Events & Description

Factual Account

Describe clearly what happened, conditions prior to the incident, tools/equipment involved, and immediate response:

4. Immediate Contributing Factors

Direct Causes

Unsafe Acts / Behaviors:

- ☐ Operating without authority / authorization
- ☐ Failure to use required PPE correctly
- ☐ Bypass / removal of safety guards or devices
- ☐ Improper lifting, posture, or position
- ☐ Working at improper speed or rushed
- ☐ Failure to follow procedure / JHA

Unsafe Conditions:

- ☐ Guarding defect or missing physical barrier
- ☐ Defective tools, equipment, or materials
- ☐ Congested or poorly organized work area
- ☐ Inadequate illumination or ventilation
- ☐ Extreme weather or environmental conditions
- ☐ Slippery floor / housekeeping hazard

5. Root Cause Analysis (5-Whys Framework)

Systemic Analysis

Ask "Why" sequentially to drill down from the immediate cause to underlying management or procedural root causes:

WHY 1	**Why did the incident/injury happen?** (Direct Cause)
WHY 2	**Why did that condition/behavior exist?**
WHY 3	**Why was that not prevented or controlled?**
WHY 4	**Why was the procedure/safeguard ineffective or missing?**
WHY 5	**Why did system/management oversight fail?** (Systemic Root Cause)

6. Corrective & Preventive Actions (CAPA)

Action Plan

ACTION ITEM / CONTROL MEASURE	ASSIGNED OWNER	TARGET DATE	STATUS
1.			[ ] Open [ ] Closed
2.			[ ] Open [ ] Closed
3.			[ ] Open [ ] Closed
4.			[ ] Open [ ] Closed

7. Investigation Team Sign-off & Approvals

Review & Closure

ROLE	PRINTED NAME	SIGNATURE	DATE
Lead Investigator			
Contractor Safety Rep			
Site Project Manager			
EHS Director / Manager			

Toolbox Talk / Lessons Learned Summary:

Key safety takeaway to be communicated across all crews during the next pre-shift briefing: