



SCHEDULE 1
(section 15.8)

**HAZARDOUS OCCURRENCE
INVESTIGATION REPORT**

1. TYPE OF OCCURRENCE <input type="checkbox"/> Explosion <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Disabling Injury <input type="checkbox"/> Emergency Procedure <input type="checkbox"/> Other _____ <div style="text-align: right;">Specify</div>	2. Department file no.
	Regional or District Office
	Employer ID No.

3. Employer's name and mailing address 	Postal Code
	Telephone Number

Site of hazardous occurrence	Date and time of hazardous occurrence
	Weather (if applicable)

Witnesses	Supervisor's name
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4. Description of what happened

Brief description and estimated cost of property damage

Brief description and estimated cost of property damage

5. Injured employee's name (if applicable)	Age	Occupation
		Years of experience in occupation

Description of Injury	Gender	Direct cause of injury
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Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence?

Yes No Specify

6. Direct causes of hazardous occurrence

7. Corrective measures and date employer will implement

Reasons for not taking corrective measures

Supplementary preventive measures

8. Contact Information of person investigating

Surname	Given Name	Telephone Number
Title	E-Mail	

Attestation:
 I, hereby certify on behalf of my employer that the information contained in the Hazardous Occurrence Investigation Report (HOIR) is true and accurate in every respect to the best of my knowledge and belief.

9. Work place committee's or health and safety representative's comments

Work place committee member's or health and safety representative's information

Surname	Given Name	Telephone Number
Title	E-Mail	

Attestation:
 I, hereby certify that I have reviewed the Hazardous Occurrence Investigation Report (HOIR) completed by the Investigator, and have had the opportunity to provide comments on the information containing in the report.

10. COPY 1 to the Minister of Labour, COPY 2 to the Work place Committee or Health and Safety Representative COPY 3 to the Employer

INSTRUCTIONS TO EMPLOYER ON THE COMPLETION OF THE HAZARDOUS OCCURRENCE INVESTIGATION REPORT

1. Type of occurrence

Part II of the Canada Labour Code stipulates in paragraph 125. (1)(c) that every employer has to investigate all hazardous occurrences. Part XV of the Canada Occupational Health and Safety Regulations (COHSR) defines which hazardous occurrences they must report electronically, written report (s. 15.8) or by telephone (s. 15.5).

2. Administrative data

These boxes are reserved for Labour Program use only.

3. Basic information

Give all information required, including weather if applicable.

4. Description of what happened

The description should be as precise as possible. It should answer the basic questions "who?, what?, when?, where? and why?" and give an accurate picture of the events leading up to the hazardous occurrence. It should attempt to objectively determine, without trying to blame anyone, each of the factors involved in the hazardous occurrence.

5. Information about the injured employee

This section provides information about the injured employee and the nature of the injury.

The investigation should pinpoint the distinction between the direct cause of the injury and the direct causes of the hazardous occurrence (covered by the following section). Take, for example, the case of an eye injury caused by a flying piece of metal: The injury happened because the piece of metal flew into the employee's eye. However, the occurrence as such, that is, the fact that a piece of metal flew out, came about as a result of various other factors which together produced the hazardous occurrence. The direct cause of the injury and the direct causes of the hazardous occurrence are not necessarily the same.

Finally, it is important to determine whether the injured employee had received any training on performing his duties safely, and if not, why not?

6. Direct causes of hazardous occurrence

This section should indicate all factors identified in the investigation as being direct causes of the hazardous occurrence. A thorough investigation will demonstrate that:

- 1) Hazardous occurrences never occur as a result of one factor only, but of several;
- 2) These factors are closely linked; and
- 3) These factors generally originate outside the employee himself, and stem instead mainly from the work environment, the equipment, the organization or the task

7. Corrective measures and date employer will implement

Corrective measures will be effective if they prevent a hazardous occurrence from recurring, that is, if they eliminate each of its direct causes. This demonstrates the importance of conducting a conclusive investigation that will obtain an accurate description of the hazardous occurrence and reveal a precise knowledge of its causes. Furthermore, it is essential to know the date the corrective measures will become effective and equally important to know why the employer has decided not to take any corrective measures, contrary to the requirements of Part II of the Code and paragraph 15.4(1)(c) of the COHSR.

Finally, the employer can also take additional measures as part of a more general accident prevention program.

8. Information about the investigation

The person making the investigation prints his name and title, then attests the validity of the information submitted with his signature in the appropriate box. He must also give the date of the investigation to show whether it was carried out (and the report sent) within fourteen days as indicated in subsection 15.8(2) of the COHSR.

9. Health and Safety Committee's or representative's comments

The work place committee or health and safety representative, who participates in the investigation by virtue of the authority vested in him under paragraph(s) 135(7)(e) or, 136(5)(g) of Part II, records his comments on the hazardous occurrence, investigation, corrective measures or other related facts if appropriate. He then attests the validity of the information submitted with his signature in the appropriate box. The Health and Safety Committee or representative dates the report.

10. Circulation of the report

The employer sends one copy of the report to the Minister of Labour within fourteen days of the hazardous occurrence, sends one copy to the work place committee or health and safety representative. The employer also keeps one copy of the report.