STRIKE	INCIDENT INVESTIGATION CHECKLIST – JOB AID	CF-S-10

CUSTOMER: _____ **JOB NUMBER:** _____

JOB NAME: _____ **DATE:** _____

INVESTIGATORS: _____ **iTRAK #:** _____

Yes	No	N/A	
☐	☐	☐	Work stopped/frozen pending investigation
☐	☐	☐	Site controlled to prevent further injury or damage
☐	☐	☐	All injured workers attended to
☐	☐	☐	Incident reported to Strike management and customer representative
☐	☐	☐	Local Authorities notified (when and where required)
☐	☐	☐	Incident Report form properly filled out and complete
☐	☐	☐	Written statements taken from all involved parties
☐	☐	☐	Interviews completed with all applicable individuals
☐	☐	☐	A&D post incident test(s) as required by policy
☐	☐	☐	Pictures taken (i.e. Vehicles, equipment, scene conditions, etc.)
☐	☐	☐	Drawings/sketches of the scene
☐	☐	☐	Collection of all work documents (i.e. HIAC, THA, toolbox meetings, work permits, training records, procedures, equipment and tool inspections, etc.)
☐	☐	☐	Incident debriefing for all parties involved
☐	☐	☐	Immediate corrective actions taken
☐	☐	☐	Conversation with physician around our availability of light duty and modified work, and to provide specific info on restrictions of worker
☐	☐	☐	WCB Paperwork filled out in conjunction with senior management and corporate health and safety (HSE Manager/HSE Lead)

**** If any of the above boxes are checked No, an explanation must be documented on this form ****