

## APPENDIX 3.5 INCIDENT INFORMATION FORM

### Object:

This investigation is not an attempt to affix blame. Its purpose is to get all the relevant facts to help prevent similar incidents/accidents occurring in the future. Taking corrective action now can prevent loss later.

### Did the incident arise out of normal work practices?

If "Yes", are the current procedures adequate? If "No", please explain:

COMMENTS:

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### List all causes

Incidents and accidents are usually as a result of more than one cause.

CAUSES	CORRECTIVE ACTION	PERSON RESPONSIBLE FOR CORRECTIVE ACTION AND BY WHEN

Completed by \_\_\_\_\_ Date: \_\_\_\_\_

Signed by Project Manager \_\_\_\_\_ Date: \_\_\_\_\_

Signed by Chairman \_\_\_\_\_ Date: \_\_\_\_\_

*Original to be filed at Head Office in volunteer file.*

*Copy to be kept by Volunteer.*