



www.swabmaster.com  
 P.O. Box 1210  
 Brooks, AB T1R 1C1

# INVESTIGATION CHECKLIST

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**NOTIFICATION:**

SWAB MASTER MANAGEMENT: \_\_\_\_\_

PRIME CONTRACTOR: \_\_\_\_\_

GOVERNING BODY SPILL REPORTING \_\_\_\_\_

**SCENE**

DIAGRAM \_\_\_\_\_

PHOTOS \_\_\_\_\_

MEASUREMENTS \_\_\_\_\_

**FIRST AID**

WERE SERVICES AVAILABLE \_\_\_\_\_

WAS TREATMENT GIVEN \_\_\_\_\_

NAME OF FIRST RESPONDER \_\_\_\_\_

**WORKER**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION: \_\_\_\_\_ EXPERIENCE: \_\_\_\_\_

TRAINING FOR THE TASK: \_\_\_\_\_

FAMILIARITY WITH THE EQUIPMENT: \_\_\_\_\_

HOW SUPERVISED: \_\_\_\_\_

PPE USED: \_\_\_\_\_

PERSONAL PROBLEMS on/off job: \_\_\_\_\_

MENTAL / PHYSICAL DISABILITIES: \_\_\_\_\_

NATURE OF INJURIES: \_\_\_\_\_

**SUPERVISOR**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EXPERIENCE AS A SUPERVISOR: \_\_\_\_\_

EXPERIENCE AT THE TASK: \_\_\_\_\_

PERSONAL KNOWLEDGE OF THE WORKER: \_\_\_\_\_

METHOD OF SUPERVISION: \_\_\_\_\_

KNOWLEDGE OF LEGISLATION (OH&S): \_\_\_\_\_

OPINION OF HOW THE EVENT OCCURRED: \_\_\_\_\_

OPINION OF HOW TO PREVENT THE EVENT: \_\_\_\_\_

SUPERVISORS INSTRUCTIONS FROM MANAGEMENT: \_\_\_\_\_

**EQUIPMENT & SITE**

GENERAL CONDITION: \_\_\_\_\_

MAKE and/or SERIAL NUMBER: \_\_\_\_\_

MANUFACTURERS INFORMATION: \_\_\_\_\_

MAINTENANCE RECORDS: \_\_\_\_\_

SUITABILITY / ADEQUACY OF EQUIPMENT: \_\_\_\_\_

LAYOUT OF OPERATION: \_\_\_\_\_



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# INVESTIGATION CHECKLIST

## WITNESSES

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATEMENT GIVEN: \_\_\_\_\_

HEARSAY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ENVIRONMENT & SITE

GENERAL CONDITION: \_\_\_\_\_

LIGHTING: \_\_\_\_\_

VENTILATION: \_\_\_\_\_

WIND: \_\_\_\_\_

TEMPERATURE: \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

TERRAIN: \_\_\_\_\_

NOISE: \_\_\_\_\_

## OTHER PARTIES INVOLVED

INSTRUCTIONS: \_\_\_\_\_

EXPERIENCE IN INDUSTRY: \_\_\_\_\_

EXPERIENCE ON THE JOB: \_\_\_\_\_

SUPERVISION \_\_\_\_\_

TRAINING: \_\_\_\_\_

KNOWLEDGE OF OH&S: \_\_\_\_\_

FAMILIARITY WITH EQUIPMENT: \_\_\_\_\_

DIAGRAM: