

# Heat-related Incident Investigation Form

Employee name: \_\_\_\_\_

Position and Work Location: \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_

Reported to: \_\_\_\_\_

Incident Investigation completed by: \_\_\_\_\_ Date: \_\_\_\_\_

- 1) What job was being done by the worker at the time?**
  
- 2) How long had the affected worker been doing this task?**
  
- 3) What heat-related effects did he/she experience?**
  
- 4) What immediate action did he/she take (e.g. stop work immediately, seek first aid or medical treatment, contact the supervisor/health and safety rep)?**
  
- 5) What were the sources of the heat which affected the worker (e.g. high temperature, high humidity, hot plant)?**
  
- 6) Did anything else contribute to his/her condition (e.g. strenuous physical exertion, pace of work)?**
  
- 7) Recommended action to prevent a recurrence of this situation:**  
(Look first to risk controls which address the hazard at its source: try to fix the problem without dependence on procedures or the use of personal protective equipment/clothing)

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_