

Please consult the ONA *Investigation* *Guide to Fatality, Critical Injury, Illness, Accident, and Exposure* for information on how to complete this form and/or the ONA *Witness Form*, for *Fatality, Critical Injury, Illness, Accident, and Exposure,* including a definition of workplace fatality and/or critical injury/illness.

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| Recording Witness Information | | | | | | | | | | | |
| You have two choices:   1. The ONA *Witness Form* can be photocopied and used to record all witness statements. Use as many of the *Witness* *Forms* as necessary to fully record all details reported by each witness (e.g. injured worker, co-worker, supervisor, expert and any other relevant witness). When choosing this method, use the questions contained in this form to guide your interview/questioning. 2. Record responses to relevant questions directly on this form, using extra space as required. | | | | | | | | | | | |
| Name of Injured: | |  | | | | | | | | | |
| Phone Number: | |  | | | | | | | | | |
| Address: | |  | | | | | | | | | |
| Age: | |  | | | | | | Gender: |  | | |
| Occupation: | |  | | | | | | Seniority: |  | | |
| Employment Status: | FT | | | PT | CA | | | | | | |
| Unit/Department: | |  | | | | | | | | | |
| Supervisor: | |  | | | | | | | | | |
| Date of Fatality, Critical Injury, Illness, Accident, and Exposure: | | | | | | |  | | | Time: |  |
| Name of Employer: | | |  | | | | | | | | |
| Date and time the following parties were notified: | | | | | |  | | | | | |
| Ministry of Labour, Training and Skills Development (MLTSD) | | | | | |  | | | | | |
| Joint Health and Safety Committee (JHSC) | | | | | |  | | | | | |
| Trade Union | | | | | |  | | | | | |
| Health and Safety Representative (in workplace with six to 19 workers) | | | | | | | | | | | |
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| Exact Workplace Location of Fatality, Critical Injury, Illness, Accident, and Exposure | | | | | | | | | | | |
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| Nature of Fatality or Severity and Nature of Injury/Illness | | | | | | | | | | | |
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| Please elaborate on the nature of the fatality/injury/illness (part of body involved/injured/ ill/exposed, diagnosis if available): | | | | | | | | | | | |
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| **Photos** | | | | | | | | | | | |
| If possible, take a number of pictures of the scene where the accident/exposure occurred, ensuring the date is captured on the photo. Being careful not to disturb the evidence, take both close-ups of the accident/exposure scene and a picture of where the accident/exposure scene is in relation to the rest of the workplace. Capture where all equipment is located, or in the case of infectious diseases such as SARS or COVID-19, noting where all patients are/were located, (e.g. identifying those with COVID-19 and those who did not have COVID-19) and the exact position where the accident/exposure occurred. Take pictures of the common areas as well (e.g. nursing stations, dining room, shared washrooms, lunchrooms for staff, personal protective equipment (PPE) supply rooms, etc.). In the case of workplace violence, take a photo of the room where the violence occurred and note any machine, device or thing used in the assault (e.g. knife). | | | | | | | | | | | |
| **Background Information** | | | | | | | | | | | |
| JHSC worker designated investigators also need to examine relevant background information. This can include but not be limited to information such as past JHSC minutes, accident/incident/exposure/hazard reports, workplace inspection reports, training materials/ records, policies, measures and procedures (system-wide and unit-specific) and maintenance records. This information might show unsafe conditions, gaps in measures, procedures and training, previous fatalities, critical injury, illnesses, accidents, and exposures or near misses. These records can give JHSC worker designated investigators information to help identify causes and act to prevent further fatalities, critical injury, illnesses, accidents, and exposures. The designated JHSC worker investigators should be able to identify what caused the fatality, critical injury, illness, accident, and exposure by combining all of the information from the background information and all of the different sources, including witness statements. | | | | | | | | | | | |
| **Questioning Witnesses/Taking Statements** | | | | | | | | | | | |
| The investigator should begin by allowing the injured worker, witnesses and supervisor to give an account of the accident/exposure in their own words. Listen openly to the witness, with minimal interruptions. After listening to the witness’s brief account of what occurred, explain that you will now ask a number of questions and document the responses in order to better understand the events of the fatality, injury, illness, accident, and exposure.  The attached questions may be used or adapted to assist you in questioning witnesses. This is only a *suggested* tool, which may be useful. Remember, your goal is to obtain, in as much detail as possible, the witness’s personal account of information relevant to the investigation. As such, you may develop questions not included in this investigation form.  Document the witness’s responses directly beneath the questions, or on the ONA *Witness Form*, ensuring that you record the name of the witness and the interviewer and the date/time/location of the interview.  Record the exact words used by each witness or a synopsis of what they have said. When you have finished taking a statement, read it aloud and have the witness attest that it is an accurate account of what they have told you. If there are any errors, you should draw a single line through the error and insert the correction above and have the witness initial the correction. The witness should then sign and date the statement and also record the time. Where multiple ONA *Witness Forms* are used, the witness should, after attesting that it is accurate, initial each page and sign and date the last page. Provide the witness with a photocopy of their statement, if requested. | | | | | | | | | | | |
| **After the** **Fatality,** **Critical Injury, Illness, Accident, and Exposure Investigation is Complete** | | | | | | | | | | | |
| After the investigation is complete, it will be necessary for the designated worker members of the JHSC or health in safety representative (in workplaces with six to 19 workers) to write a report of its findings, which includes recommendations. A copy of the report with the recommendations should be provided to the MLTSD and presented and discussed at a JHSC meeting. The report and recommendations should be sent to the employer in writing without delay to respond and address.  In smaller organizations where there is no JHSC, the health and safety representative/investigator should make written recommendations based on the information collected in this form to the employer. | | | | | | | | | | | |

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| Suggested Interview Questions for Witnesses (e.g. injured worker, supervisor, co-worker, expert) | | |
| Below is a series of questions, divided by section, to guide your interview. Use only the sections that are applicable. Either document the witness’s responses directly beneath the questions or on the ONA *Witness Form*, ensuring that you record the name of the witness and the interviewer and the date/time/location of the interview. After the interview is complete, both the interviewer and the witness should sign and date the document, and also record the time of the interview. If using the ONA *Witness Form,* the witness should initial each form and sign, date and record the time on the last form. | | |
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| Name of Witness: |  | |
| Position of Witness: |  | |
| Witness’s Supervisor: |  | |
| Date/Time/Location of Interview: |  | |
| Name of Interviewer: |  | |
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| **Sample Investigation Questions** | |  |
| Below are a list of sample investigation questions organized into the following sections for easy reference: | | |

[Fatality, Critical Injury, Illness, Accident, and Exposure Event](#_Toc66436663)

[Infectious Disease – Occupational Illnesses](#_Toc66436664)

[Equipment and Protective Devices](#_Toc66436665)

[Sharps](#_Toc66436666)

[Hazardous Substances](#_Toc66436667)

[Environmental Factors](#_Toc66436668)

[Personal Factors](#_Toc66436669)

[Workplace Violence](#_Toc66436670)

[Employee Complaints](#_Toc66436671)

[Management Awareness](#_Toc66436672)

[Joint Health and Safety Committee (JHSC)](#_Toc66436673)

Review any relevant sections related to your investigation to support your investigation. Remember to prompt the witness for more details where needed.

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| Fatality, Critical Injury, Illness, Accident, and Exposure Event | | |  | | | |
| 1. Please name all people that you are aware of who witnessed and/or were exposed to the fatality, critical injury, illness, accident, and exposure. Where exactly were they in relation to the victim/you? | | | | | | |
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| 1. Describe how and what you were doing when the fatality, critical injury, illness, accident, and exposure happened. Where exactly were you in relation to the victim? | | | | | | |
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| 1. What were you/the worker doing just before the incident occurred? | | | | | | |
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| 1. Describe the activity, as well as the **people** (includes patients and any staff and actions taken or not taken), **equipment** (state and maintenance of equipment, proper or improper for task), **materials** (proper or improper for task), **environment** (state and condition of environment), **processes** (proper or improper for task; gaps in procedures, followed, followed improperly, not followed), **supplies** (involved, provided or not provided, appropriate for the task, access to, etc.), **system** (internal and external factors). Be specific. | | | | | | |
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| 1. Please describe the work area. | | | | | | |
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| 1. What (in exhaustive detail) happened (for example, when re-capping sharp, worker obtained a needlestick injury to her left hand or worker was assigned and took care of COVID-19 patients for three shifts and started feeling ill at work on day 3)? Please assume I know absolutely nothing about the task(s) or job you performed and walk me through it, step by step. | | | | | | |
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| 1. What was the injury, illness, accident, and exposure? | | | | | | |
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| 1. What object or substance directly harmed you/the worker (for example, concrete floor, sharp, ceiling lift, infectious disease, exposure to SARS, COVID-19, a knife)? | | | | | | |
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| Infectious Disease – Occupational Illnesses | | | |  | | |
| 1. In the case of infectious disease, which colleagues were you or the affected worker exposed to and which colleagues cared for infected patients/residents? | | | | | | |
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| 1. When did you/the worker/colleagues provide care to the infected patients/residents, for what length of time, and what type of care did you provide? | | | | | | |
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| 1. Please describe any opportunity for you/the worker to have been exposed to an infectious patient/resident, regardless of the type of personal protective equipment (PPE) you may or may not have been wearing. | | | | | | |
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| 1. What substance(s) or infectious disease have you/the worker been exposed to? | | | | | | |
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| 1. What level of exposure to the toxic substances or infectious disease have you/the worker had? | | | | | | |
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| 1. Are you aware of your employer’s pandemic/emergency plan in place for an outbreak, emergency or pandemic? If so, please explain what processes you are aware of. | | | | | | |
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| 1. Is there an outbreak in your facility (e.g. patients, residents or any staff)? | | | | | | |
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| 1. Were infectious patients/residents isolated in a negative pressure room? Please describe. | | | | | | |
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| 1. Were infectious patients/residents cohorted with others with like illness, and were staff cohorted? Please describe. | | | | | | |
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| 1. Was air quality measured and, if so, by whom? (Attach a copy of the report.) | | | | | | |
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| 1. Was the location of the exposure disturbed or different prior to the measurement? | | | | | | |
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| 1. In the case of a fatality, what was the exact cause of death? Were other diseases present? (If the worker died of cancer, has the latency requirement been met?) | | | | | | |
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| 1. Are people who worked in the same area still alive? Are they well? If they are sick, what disease do they have? If some have died, what was their cause of death? | | | | | | |
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| Equipment and Protective Devices | | |  | | | |
| 1. Did you/the injured/ill worker wear personal protective equipment (PPE)? What kind of PPE was worn (list all, e.g. personal panic alarms, spit guard, Kevlar gloves, surgical mask and/or N95 or better respirator, face shield, goggles, head and foot protection, impermeable gown, gloves, etc.)? How often during a shift would it be worn and were there any moments when it was not worn and where? Describe in detail. | | | | | | |
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| 1. Are you aware of whether you/the worker were required by the employer or the *Occupational Health and Safety Act (OSHA)* to wear or use any protective clothing, equipment or device? | | | | | | |
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| 1. Were the equipment, materials and protective devices needed provided by the employer? What were they? | | | | | | |
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| 1. Did you/the worker/colleagues perform a fit/seal check prior to putting on the equipment? | | | | | | |
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| 1. Was the equipment a proper fit? If not, please describe. | | | | | | |
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| 1. Were the equipment, materials and protective devices provided by the employer maintained and in good condition? How often was the equipment inspected for damage and deterioration? By whom? Was the equipment stored in a convenient, clean and sanitary location when not in use? | | | | | | |
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| 1. Did the employer have a respiratory protection program? If so, please provide a copy. | | | | | | |
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| 1. Were you/the worker(s) trained and educated in the respiratory protection program and care, use and limitations of any protective clothing, equipment or device before wearing or using it for the first time and at regular intervals thereafter? Please describe the type and length of any training in detail (e.g. video, in-person, eLearning, email, posters, etc.). | | | | | | |
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| 1. What other related training have you/the employee received? | | | | | | |
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| 1. Was there enough equipment, protective clothing and devices? Please describe. | | | | | | |
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| 1. Was there equipment failure? Please describe. | | | | | | |
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| 1. Did the location or accessibility of the equipment create or contribute to the hazard? If so, please describe. | | | | | | |
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| 1. Were the equipment, materials and protective devices provided by the employer used as prescribed under the Health Care and Residential Facilities RegulationorIndustrial Establishment Regulation or Control of Exposure to Biological or Chemical Agents Regulation of the *OHSA?* Were other related prescribed measures and procedures carried out in the workplace? | | | | | | |
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| Sharps | | |  | | | |
| 1. If a sharp was involved, please state the part of the handling process that led to the injury: re-capping, veno puncture/arterio puncture, sharps disposal, etc. Please be as specific as possible. | | | | | | |
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| 1. Describe the type of needle devices used at the time of the accident (e.g. conventional or safety-engineered and brand). | | | | | | |
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| 1. Where was the sharps container located in conjunction with the location of the injury/accident? | | | | | | |
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| Hazardous Substances | | |  | | | |
| 1. Were hazardous substances involved? If so, please describe. | | | | | | |
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| 1. Were they clearly labeled? Please describe. | | | | | | |
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| 1. How many workers were exposed to the hazard? | | | | | | |
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| 1. How many workers routinely come in contact with the hazard? | | | | | | |
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| 1. Were Safety Data Sheets (SDS) accessible to you/the worker? | | | | | | |
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| 1. Has an assessment for the hazard been done or previously been done? Please explain. | | | | | | |
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| 1. Is there a health and safety program designed to control the hazard(s) that resulted in this accident? | | | | | | |
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| 1. Are controls, training and education for workers about hazardous substances currently in place? Please describe. | | | | | | |
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| 1. Does your supervisor/employer regularly advise you of new hazards? If so, how? | | | | | | |
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| 1. When were you/the injured worker last trained, by whom, where, for how long and what type of training was it (e.g. video, eLearning, communication or in-person, etc.)? | | | | | | |
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| Environmental Factors | | |  | | | |
| 1. Did any of the following environmental factors play a role in the accident: noise, lighting, ventilation, workspace, patient/resident or public aggression? Please describe. | | | | | | |
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| 1. How effective is the ventilation system at work? How many air changes per hour (e.g. in the patient rooms, common areas, etc.)? When was the last time the ventilation system was checked (e.g. six months, one year)? | | | | | | |
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| Personal Factors | | |  | | | |
| 1. How experienced were you/the employee in the task or work area? How long have you worked at the task and in the work area? | | | | | | |
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| 2. Was worker stress a factor in the fatality, injury, illness, and accident? If so, please describe. | | | | | | |
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| 1. Was the work too physically demanding for you/the worker? If so, please describe. | | | | | | |
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| 1. When, in relation to your/the injured worker’s shift/hours at work, did the fatality, injury, illness, and accident occur? (For example, 30 minutes before the shift change, or during the second hour of overtime, or after a day and night shift with no time off in between?) | | | | | | |
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| 1. What workload or hours of work did you/the worker perform? Had it increased? Was overtime involved? | | | | | | |
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| 1. What were the staffing levels like on the shifts where you/the worker may have been exposed? | | | | | | |
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| Workplace Violence | | |  | | | |
| 1. Describe your/the worker’s relationship with the patient/resident. | | | | | | |
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| 1. What did you see at the time of the incident? | | | | | | |
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| 1. Describe the scene. | | | | | | |
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| 1. What did you hear? | | | | | | |
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| 1. Who else was in the area at the time of the incidents? | | | | | | |
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| 1. Was a code white called? If yes, please explain who came to the code white? If not, why not? | | | | | | |
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| 1. Describe what actions you observed others taking before, during and after the incident? | | | | | | |
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| 1. When did the violent person enter the facility and by what means? Were any concerns raised at that time? | | | | | | |
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| 1. Was the violent person admitted and were any concerns about that person raised at that time? If so, to whom? | | | | | | |
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| 1. What knowledge did you/the worker, other workers, employer, police, etc. have about the violent person’s history of violent behaviour? How do you know this? | | | | | | |
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| 1. How are you usually made aware of a person’s history of violent behaviour? | | | | | | |
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| 1. What means of summoning immediate assistance when the violence occurred did the worker(s) have? Please describe in detail. | | | | | | |
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| 1. Tell me about any concerns/incidents that took place leading up to the complaint/assault. | | | | | | |
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| 1. Have there been any previous concerns raised by workers about the risk of workplace violence? Please describe in detail. | | | | | | |
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| 1. Please describe the staffing levels/skills mix at the time of the incident and in the shifts prior to the incident. | | | | | | |
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| 1. What is the role of security guards in relation to workplace violence and what role, if any, did they play in relation to this incident? | | | | | | |
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| 1. Are you aware of any other factors that may have contributed to the unsafe working conditions? | | | | | | |
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| Employee Complaints | | |  | | | |
| 1. Are there any employee complaints connected with the cause of the fatality, injury, illness, accident, and exposure? What are the complaints and are they associated with a specific time or area or previous shift? | | | | | | |
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| Management Awareness | | |  | | | |
| 1. Were any supervisors present when the fatality, injury, illness, accident, and exposure occurred? If so, please share their name and title. | | | | | | |
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| 1. When and where were the supervisors when the fatality, injury, illness, accident, and exposure occurred? What did they do in response to the fatality, injury, illness, accident, and exposure? | | | | | | |
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| 1. Were any supervisors aware beforehand of the problem that led to the fatality, injury, illness, and accident? Please describe in detail. | | | | | | |
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| 1. How do you know that the supervisors were aware of the problem? | | | | | | |
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| 1. Do supervisors normally advise you/the worker/colleagues about hazards in the workplace? | | | | | | |
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| Joint Health and Safety Committee (JHSC) | | |  | | | |
| 1. Are you/the worker aware of the activities of theJHSC? Please list some of the committee’s recent activities. | | | | | | |
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| 1. Please name the JHSC worker co-chair or a JHSC representative in the hospital/facility. | | | | | | |
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| 1. Does the employer, on the advice of the JHSC or health and safety representative (in workplaces with six to 19 workers), review and revise the measures and procedures for the health and safety of workers at least once a year? When was the last time the policies, measures, procedures listed in question 1 below, under the heading “Policy,” were reviewed and revised? | | | | | | |
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| 1. Is the JHSC or health and safety representative regularly consulted on the development of any new health and safety policies, measures, procedures and programs (violence prevention, infection control, etc.)? | | | | | | |
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| 1. Is the JHSC or health and safety representative regularly consulted when developing, establishing and providing training and educational programs for the measures and procedures that are relevant to the worker’s work and this incident? | | | | | | |
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| 1. As a JHSC member or health and safety representative, have you ever raised concerns to the employer of issues related to this incident? How were they addressed? | | | | | | |
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| **Indirect Cause** | | |  | | | |
| The causes of injuries are not always direct. The questions in this form have been designed to help elicit information on the root cause of the injury (for example, while a nurse’s exposure to SARS or COVID-19 patients/residents may have been the direct cause of their critical injury/illness, a lack of personal protective equipment, or ill-fitting equipment, or inappropriate health and safety procedures may have indirectly led to the fatality, injury, illness, and exposure). | | | | | | |
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| 1. Do you have any further comments on the cause of the fatality, injury, illness, and exposure under investigation? | | | | | | |
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| **Policy** | | |  | | | |
| A lack of adequate health and safety policies may also be considered an indirect cause of a fatality, injury, illness, accident, and exposure. | | | | | | |
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| 1. Which of the following health and safety measures and procedures does the employer have in place  (as laid out in Section 9(1) of Regulation 67/93, Health Care and Residential Facilities of the *OHSA*)? | | | | | | |
| **In Place** | **Measures/Procedures/Policy/Program** | | | | | |
|  | *(Please specify where you know if the item listed below is in the form of a measure/procedure/policy/program or all).* | | | | | |
| Yes  No | Safe work practices (please describe all). | | | | | |
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| Yes  No | Safe working conditions (please describe all). | | | | | |
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| Yes  No | Proper hygiene practices and the use of hygiene facilities (please describe). | | | | | |
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| Yes  No | The control of infections (please describe in detail). | | | | | |
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| Yes  No | Immunization and inoculation against infectious diseases. | | | | | |
| Yes  No | The use of appropriate antiseptics, disinfectants and decontaminants. | | | | | |
| Yes  No | The hazards of biological, chemical and physical agents present in the workplace, including the hazards of dispensing or administering such agents (please describe). | | | | | |
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| Yes  No | Measures to protect workers from exposure to a biological, chemical or physical agent that is or may be a hazard to the reproductive capacity of a worker, the pregnancy of a worker or the nursing of a child of a worker. | | | | | |
| Yes  No | The proper use, maintenance and operation of equipment (please describe in detail). | | | | | |
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| Yes  No | The reporting of unsafe or defective devices, equipment or work surfaces (please describe). | | | | | |
|  |  | | | | | |
| Yes  No | The purchasing of equipment that is properly designed and constructed (please describe). | | | | | |
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| Yes  No | The use, wearing and care of personal protective equipment and its limitations (please describe). | | | | | |
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| Yes  No | The handling, cleaning and disposal of soiled linen, sharp objects and waste (please describe). | | | | | |
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| 1. Is there any training/education/instruction in health and safety policy, procedures and protective measures that is directly related to the fatality, injury, illness, and accident? How do you know about this training/education/instruction? | | | | | | |
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| 1. Did you feel competent to put into practice the skills learned after the training and education that you received in health and safety policy, procedures and protective measures? Please describe. | | | | | | |
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| **Knowledge of Prior Similar Incidents** | | |  | | | |
| 1. Are you aware of any prior similar incidents? Please describe. | | | | | | |
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| 1. Are you aware if any prior similar incidents have been reported? Please describe. | | | | | | |
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| 1. When and to whom were the prior similar incidents reported? What was done in response? | | | | | | |
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| 1. Are you aware of any workload complaints that may have been filed that may be relevant to this fatality, critical injury, illness, accident, and exposure? | | | | | | |
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| **Expert Reports** | | |  | | | |
| 1. Are you aware of any consultants that have come in and conducted tests or studied this fatality, critical injury, illness, accident, and exposure or any related issues? | | | | | | |
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| 1. Are you aware of any reports of this fatality, critical injury, illness, accident, and exposure or any related issues? Can I have a copy? | | | | | | |
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| 1. Are you aware of any other Ministry or other body that has also conducted some form of investigation or study into any related fatality, critical injury, illness, accident, and exposure or related issues now or in the past (e.g. Public Health, the police, the Centers for Disease Control, etc.)? | | | | | | |
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| 1. Are you aware of any MLTSD orders that have been issued in the past for similar infractions/hazards? | | | | | | |
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| **Recommendations** | | |  | | | |
| 1. Have any changes been made as a result of the fatality, critical injury, illness, accident, and exposure? | | | | | | |
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| 1. What changes are planned as a result of the fatality, critical injury, illness, accident, and exposure? | | | | | | |
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| 1. What do you think should happen to correct the problem(s)? | | | | | | |
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| Signature of Witness: | |  | | | Date: |  |
|  | | | | | | |
| Signature of Interviewer: | |  | | | Date: |  |