

# Chapter 2

## Writing Practice

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### Writing a Description

Look at the Incident Investigation Report for the incident at CDN Malls below. Most of the report has been completed, but the description of the incident in Section 5 is incomplete.

Write a description of the incident for Section 5 of the form based on what Ana said. Read or listen to Ana's statement about what happened again if you need to.

Remember to use facts from what Ana said to describe what happened. Write your description in the order that the incident happened and remember to use the past tense. Follow the steps that you learned from the Strategy Coach for writing a description of an event.

# Incident Investigation Report

CDN MALLS

## 1) Type of incident (Check all that apply)

<input type="checkbox"/> Serious injury	<input type="checkbox"/> Serious incident	<input checked="" type="checkbox"/> Minor injury
<input type="checkbox"/> Property damage		<input type="checkbox"/> Other _____

## 2) Basic Information

Date and time of incident: Saturday, January 28, 2016 10:15 a.m.

Location of incident: CDN Malls Hall 1, in front of Cellphones Plus

Employer: Tech Shop

## 3) Injured workers

Name (worker #1): Ahmed Masri

Position/Title: Salesperson

Type of injury: Broken wrist

<input type="checkbox"/> Fatal	<input type="checkbox"/> More than two days in hospital	<input checked="" type="checkbox"/> Medical aid
<input type="checkbox"/> First aid	<input checked="" type="checkbox"/> Time lost from work	<input type="checkbox"/> Permanent disability

Name (worker #2): N/A

Position/Title: \_\_\_\_\_

Type of injury: \_\_\_\_\_

<input type="checkbox"/> Fatal	<input type="checkbox"/> More than two days in hospital	<input type="checkbox"/> Medical aid
<input type="checkbox"/> First aid	<input type="checkbox"/> Time lost from work	<input type="checkbox"/> Permanent disability

**4) Witnesses:** (If witnesses provided statements)

Name of witness: Ana Martinez

Position/Title: Salesperson

Name of employer: Cellphones Plus

Contact (Tel/email): (403) 444-4444    amart@anymail.ca

Date of incident: January 28, 2016

Date of statement: January 30, 2016

**5) Describe what happened immediately before, during, and after the incident.**

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**6) What was the cause of the incident?**

There was a loose tile on the floor.

**7) How can we prevent a similar incident from happening in the future?**

Ensure the use of proper safety signage as soon as possible. Monitor floor conditions regularly.

**8) Contact information:** (Include the name and contact information for the person completing this form)

Name: Susan Granger

Tel.: (403) 222-2222

Email: sgranger@CDNmalls.com

Signature: *Susan Granger*

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