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| **Fill Out All Blocks**. Be as specific as possible and include drawings, photos, additional narrative, as needed. This document will be used to investigate all incidents. | | | | | | | | | | | | |  | | | **Report Type:** | | | | | | | | | | | | |
| Injury Incident | | | | | | | | | | | | |
| Equipment / Property Damage | | | | | | | | | | | | |
| Minor First Aid Injury (No Medical Required) | | | | | | | | | | | | |
| Near Miss / Near Hit (No Injury Present) | | | | | | | | | | | | |
| **COMPANY NAME:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSON INVESTIGATING INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Investigator Name: | | | | | | | | Investigator Name: | | | | | | | | | | Investigator Name: | | | | | | Investigator Name: | | | | |
| Click here to enter text. | | | | | | | | | Click here to enter text. | | | | | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | |
| Date of Incident: (mm/dd/yy) | | Time of Incident: | | | | Date of Report: (mm/dd/yy) | | | | | | | | | Time of Report: | | | | | | | Shift: | | | | | | |
| / /\_\_\_\_ | \_\_:\_\_ | | a.m. p.m. | | | / /\_\_\_\_ | | | | | | | | | \_\_:\_\_ | | | | | a.m. p.m. | | 1st | | | 2nd | | | 3rd |
| **INJURED EMPLOYEE INFO:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (“Company” Employee, Temp, or Contractor Name) | | | | | | | | | | Job Title: (Exact Job Title Below) | | | | | | | | | | | |  | | | | | | |
| Click here to enter text. | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | Male | | | | | Female | |
| **INCIDENT INVESTIGATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exact Location of Incident: (Area, Equipment #, Etc.) | | | | | | | | | | | | Equipment Involved (if any): | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | |
| **Description: If additional space is needed please attach a separate sheet.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe what happened: (Describe the operation/activity and if any of the following was involved: other equipment, hand tools, personal protective equipment, and other materials. As best as possible have the employee describe the accident to you.)  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Did a Machine cause this incident?**  YES  NO If Yes, enter type and name of machine below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe what other immediate activities led to the incident** (Describe any other behaviors and conditions as needed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you question the Legitimacy of this injury?** | | | | | YES | | | | | | NO | | | | | |  | | | | | | | | | | | |
| Why? Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Indicate Type of Incident:** | | | | **Indicate Nature of Injury/Illness:** | | | | | | | | | | | | | | | **Indicate Body Part(s) Affected:** | | | | | | | | | |
| Assault and Violent Acts by Person | | | | Allergic Reaction | | | | | | | | | | | | | | |  | | | | | | | | | |
| Caught In, or Between | | | | Biological | | | | | | | | | | | | | | |
| Contact With Objects and Equipment | | | | Chemical | | | | | | | | | | | | | | |
| Exposure to Harmful Substance(s) | | | | Radiation | | | | | | | | | | | | | | |
| Slip On Liquid, Material, or Floor | | | | Amputation(s) | | | | | | | | | | | | | | |
| Trip Over Object | | | | Contusion(s) | | | | | | | | | | | | | | |
| Fall On Same Level | | | | Cuts, Laceration(s) | | | | | | | | | | | | | | |
| Fall to Different Level | | | | Fracture(s) | | | | | | | | | | | | | | |
| Fire or Explosion | | | | Heat Burns | | | | | | | | | | | | | | |
| Vehicle Incident | | | | Multiple Traumatic Injuries | | | | | | | | | | | | | | |
| Overexertion | | | | Puncture(s) | | | | | | | | | | | | | | |
| Overexertion in Lifting | | | | Sprain(s) | | | | | | | | | | | | | | |
| Repetitive Motion | | | | Strain(s) | | | | | | | | | | | | | | |
| Struck Against Object | | | | Tendonitis | | | | | | | | | | | | | | |
| Struck By Object | | | | Occupational Health – Dermatitis | | | | | | | | | | | | | | |
| Other: Click here to enter text. | | | | Occupational Health – Poisoning | | | | | | | | | | | | | | |
| Unknown/Other: Click here to enter text. | | | | | | | | | | | | | | |
| **Root Cause Analysis and Contributing Factors: (Mark all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Unsafe Behaviors:** | | | | **Environment and Conditions:** | | | | | | | | | | | | | | | **Management System:** | | | | | | | | | |
| Violation of established Safety Policy | | | | Defective tools, equip., or materials | | | | | | | | | | | | | | | Inadequate job procedures | | | | | | | | | |
| Operation equipment without authority | | | | Inadequate guards or barriers | | | | | | | | | | | | | | | Failure to detect, anticipate or report a hazardous condition. | | | | | | | | | |
| Failure to warn | | | | Inadequate or improper protective equip | | | | | | | | | | | | | | | Hazards and job procedures not reviewed for infrequent tasks. | | | | | | | | | |
| Failure to secure | | | | Congestion or restricted action | | | | | | | | | | | | | | | Training insufficient | | | | | | | | | |
| Operating at improper speed | | | | Inadequate warning system | | | | | | | | | | | | | | | Engineering inadequate | | | | | | | | | |
| Making safety device inoperative | | | | Fire and explosion hazards | | | | | | | | | | | | | | | Purchasing inadequate | | | | | | | | | |
| Using defective equipment, material, tools. | | | | Poor housekeeping / disorder | | | | | | | | | | | | | | | Maintenance inadequate | | | | | | | | | |
| Using incorrect equipment, material, tools. | | | | Noise exposure | | | | | | | | | | | | | | | Excessive wear/tear | | | | | | | | | |
| Failure to use PPE properly | | | | Radiation exposure | | | | | | | | | | | | | | | Tools/Equipment not adequate, unavailable. | | | | | | | | | |
| Improper loading | | | | Temperature extremes | | | | | | | | | | | | | | | Inadequate communications | | | | | | | | | |
| Improper placement | | | | Inadequate or excessive illumination | | | | | | | | | | | | | | | Inadequate control(s) | | | | | | | | | |
| Improper lifting | | | | Inadequate ventilation | | | | | | | | | | | | | | | Other: Click here to enter text. | | | | | | | | | |
| Taking a risky position | | | | Presence of harmful materials | | | | | | | | | | | | | | |  | | | | | | | | | |
| Servicing equipment in operation | | | | Inadequate instructions / procedures | | | | | | | | | | | | | | |  | | | | | | | | | |
| Horseplay | | | | Inadequate information / data | | | | | | | | | | | | | | | **PPE:** | | | | | | | | | |
| Using equipment improperly | | | | Inadequate preparation / planning | | | | | | | | | | | | | | | Inadequate PPE | | | | | | | | | |
| Failure to follow procedures | | | | Inadequate support / assistance | | | | | | | | | | | | | | | PPE not available | | | | | | | | | |
| Failure to identify hazard / risk | | | | Inadequate communications process | | | | | | | | | | | | | | | Defective PPE | | | | | | | | | |
| Failure to pay attention | | | | Weather conditions | | | | | | | | | | | | | | | Employee not aware of PPE requirement | | | | | | | | | |
| Inexperience / lack of training | | | | Other: Click here to enter text. | | | | | | | | | | | | | | |  | | | | | | | | | |
| Rushing / hurried job | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |
| Distraction/ Mind off task (ie. phone call, email, texting) | | | | Was employee trained in the appropriate use of PPE and proper safety procedures?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |
| **Does this situation exist in other departments? Explain below with corrective measures to be implemented.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Witnesses and/or Witness Statement (Who Was Present At Time of Injury)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Witnesses Name(s) (Please Print) | | | | | | | Witness statement(s) completed/attached? | | | | | | | | | | | | YES | | | | | | | NO | | |
| Name: Click here to enter text. Dept: Click here to enter text. Title: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: Click here to enter text. Dept: Click here to enter text. Title: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: Click here to enter text. Dept: Click here to enter text. Title: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Property Damage** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List property / material damaged | | | | | | | | | | | | Nature of damage: | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | |
| **Corrective Actions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Include a corrective action for all identified Root Causes and Contributing Factors. This may include training, physical remediation and/or procedures. | | | | | | | | | | | | | | By Whom | | | | | | | Follow-up date | | | | | Completed date | | |
| Click here to enter text. | | | | | | | | | | | | | | Click here to enter text. | | | | | | | Click here to enter a date. | | | | | Click here to enter a date. | | |
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| **Incident Investigated by (supervisor or other):** | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | |
| Signature: Click here to enter text. | | | | | | | | | | | | Title: Click here to enter text. | | | | | | | | | | | Click here to enter a date. | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Management Reviewer: (Print Name)** | | | | | | | | | | | |  | | | | | | | | | | | Date: | | | | | |
| Signature: Click here to enter text. | | | | | | | | | | | | Title: Click here to enter text. | | | | | | | | | | | Click here to enter a date. | | | | | |
| Signature: Click here to enter text. | | | | | | | | | | | | Title: Click here to enter text. | | | | | | | | | | | Click here to enter a date. | | | | | |
| Signature: Click here to enter text. | | | | | | | | | | | | Title: Click here to enter text. | | | | | | | | | | | Click here to enter a date. | | | | | |