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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: |
|  |  |  |  |
| 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) |  |
|  |  | [ ]  Male | [ ]  Female |
| **INCIDENT INVESTIGATION:** |
| Exact Location of Incident: (Area, Equipment #, Etc.) | Equipment Involved (if any): |
|  |  |
| **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.) |
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| **Did a Machine cause this incident?** [ ]  YES [ ]  NO If Yes, enter type and name of machine below. |
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| **Describe what other immediate activities led to the incident** (Describe any other behaviors and conditions as needed) |
|  |
| **Do you question the Legitimacy of this injury?**  | [ ]  YES | [ ]  NO |  |
| Why?  |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Occupational Health – Poisoning  |
| [ ]  Unknown/Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| [ ]  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| [ ]  Rushing / hurried job | Was employee trained in the appropriate use of PPE and Proper safety procedures? [ ]  YES [ ]  NO |
| [ ]  Distraction/ Mind off task (ie. phone call, email, texting) |
| **Does this situation exist in other departments? Explain below with corrective measures to be implemented.** |
|  |
| **Witnesses and/or Witness Statement (Who Was Present At Time of Injury)** |
| Witnesses Name(s) (Please Print below) | Witness statement(s) completed/attached? | [ ] YES | [ ]  NO |
| Name: Dept: Title: |
| Name: Dept: Title: |
| Name: Dept: Title: |
| **Property Damage** |
| List property / material damaged | Nature of damage: |
|  |  |
| **Corrective Actions** |
| **Include a corrective action for all identified Root Causes and Contributing Factors. This may include training, physical remediation and/or procedures.** | **Responsibility:** | **Follow-up date:** | **Completed date:** |
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| **Incident Investigated by (supervisor, team member, safety committee member, etc:**  |  |
| Signature:  | Title:  | Date: \_\_\_/\_\_\_/\_\_\_ |
| Signature:  | Title:  | Date: \_\_\_/\_\_\_/\_\_\_ |
| **Management Reviewer: (Print Name)** |  |  |
| Signature:  | Title:  | Date: \_\_\_/\_\_\_/\_\_\_ |
| Signature:  | Title:  | Date: \_\_\_/\_\_\_/\_\_\_ |
| Signature:  | Title:  | Date: \_\_\_/\_\_\_/\_\_\_ |