

## INCIDENT INVESTIGATION REPORT

This form **MUST** be completed by the Supervisor, Injured Worker and the Health and Safety Representative

Check all that apply:

Incident Number: \_\_\_\_\_

FOR OFFICE USE ONLY

- |                                    |   |  |  |
|------------------------------------|---|--|--|
| <input type="checkbox"/> FATALITY  | <input type="checkbox"/> FIRE           | <input type="checkbox"/> NEAR MISS       | <input type="checkbox"/> ENVIRONMENTAL |
| <input type="checkbox"/> FIRST AID | <input type="checkbox"/> INJURY/ILLNESS | <input type="checkbox"/> PROPERTY DAMAGE | <input type="checkbox"/> OTHER:        |

<b>DEPARTMENT:</b> _____	<b>LOCATION:</b> _____
<b>TIME OF INCIDENT:</b> 24 Hour <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>DATE OF INCIDENT:</b> (MM/DD/YYYY) _____

### EMPLOYEE INFORMATION

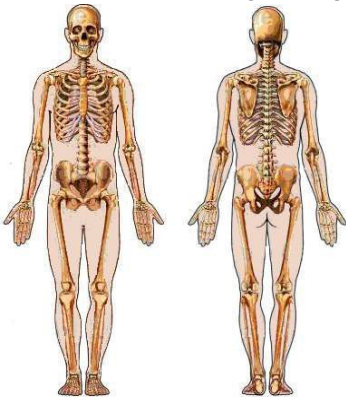
<b>PRINT NAME:</b> _____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<b>AGE:</b> _____
<b>HIRE DATE:</b> _____	<b>OCCUPATION:</b> _____		

### INJURY TO PERSON ONLY INFORMATION (If applicable)

<b>IMMEDIATE SUPERVISOR:</b> _____	<b>WHAT CAUSED INJURY:</b> _____
<b>NATURE OF INJURY:</b> _____	<b>BODY PART AFFECTED:</b> _____

INDICATE BY CIRCLING THE BODY PART(S) INJURED:

BRIEF DESCRIPTION OF INJURY:



In your own words describe how the incident occurred and all surrounding factors:

This area must be completed for all incidents

### IMMEDIATE CAUSES: CHECK ALL THAT APPLY

#### SUBSTANDARD ACTS/ACTIONS

- OPERATING EQUIPMENT WITHOUT AUTHORITY
- FAILURE TO WARN
- FAILURE TO SECURE
- MAKING SAFETY DEVICES INOPERABLE
- USING DEFECTIVE EQUIPMENT
- FAILURE TO USE PPE
- IMPROPER LOADING AND LIFTING
- IMPROPER PLACEMENT
- IMPROPER POSITION FOR TASK
- HORSEPLAY
- UNDER THE INFLUENCE OF DRUGS &/OR ALCOHOL
- OTHER:

#### SUBSTANDARD CONDITIONS

- INADEQUATE SAFETY DEVICES
- INADEQUATE OR IMPROPER PPE
- DEFECTIVE TOOLS, EQUIPMENT OR MATERIALS
- CONGESTED OR RESTRICTED
- FIRE OR EXPLOSION HAZARD
- POOR HOUSEKEEPING
- HAZARDOUS ENVIRONMENT – Fumes, Dust, Gases, etc
- NOISE EXPOSURE
- HIGH OR LOW TEMPERATURES
- INADEQUATE OR EXCESSIVE LIGHTING
- OTHER:

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### WITNESS(ES)

#### INFO

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Statement Received?  Yes  No

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Statement Received?  Yes  No

#### INFO

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Statement Received?  Yes  No

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Statement Received?  Yes  No

### WITNESS STATEMENT(S)

**Witness #1:**

**Witness #2**

**Witness #3**

**Witness #4**

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BASE CAUSES: CHECK ALL THAT APPLY

PERSONAL FACTORS	JOB FACTORS
<input type="checkbox"/> LACK OF KNOWLEDGE OR TRAINING <input type="checkbox"/> LACK OF SKILL <input type="checkbox"/> STRESS <input type="checkbox"/> FATIGUE <input type="checkbox"/> POOR JUDGEMENT <input type="checkbox"/> NOT COMPETANT <input type="checkbox"/> OTHER	<input type="checkbox"/> INADEQUATE SUPERVISION <input type="checkbox"/> INADEQUATE TRAINING <input type="checkbox"/> INADEQUATE INSPECTION <input type="checkbox"/> INADEQUATE WORK STANDARDS <input type="checkbox"/> WEAR AND TEAR <input type="checkbox"/> OTHER


### PROPERTY, EQUIPMENT OR MATERIAL DAMAGE

WHAT WAS DAMAGED:	EXPLAIN DAMAGES:
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**DIAGRAM OF SCENE:** Not to Scale

Photos attached:  Yes  No

Detailed Sketch Complete:  Yes  No



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CORRECTIVE ACTION(S) TAKEN							
<u>Engineering Controls:</u>	<u>Time Frame</u>	<u>Assign to</u>	<u>Sign-Off</u> (Date)	<u>Administrative Controls:</u>	<u>Time Frame</u>	<u>Assign to</u>	<u>Sign-Off</u> (Date)
<u>PPE Controls:</u>				<u>Physical Changes to Yard:</u> (if applicable)			

EVALUATION OF LOSSES				
POTENTIAL LOSS SEVERITY:	<input type="checkbox"/> N/A	<input type="checkbox"/> MINOR	<input type="checkbox"/> SERIOUS	<input type="checkbox"/> MAJOR
ACTUAL LOSS:	<input type="checkbox"/> N/A	<input type="checkbox"/> MINOR	<input type="checkbox"/> SERIOUS	<input type="checkbox"/> MAJOR
DRUG AND ALCOHOL RELATED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

FINAL INCIDENT REVIEW		
WORKER INVOLVED:	Name:	Signature:
OTHER PERSON(S) INVOLVED:	Name:	Signature:
SUPERVISOR:	Name:	Signature:
SAFETY MANAGER:	Name:	Signature:
SENIOR MANAGEMENT:	Name:	Signature: