



INCIDENT INVESTIGATION FORM

Fill out all blocks. Be as specific as possible and include drawings, photos, additional narrative, as needed.

Type of Incident [] Injury [] Incident [] Property/Equip. Damage [] Close Call / Near Miss

INVESTIGATOR INFORMATION

Table with 4 columns: Name, Incident Location, Contact #, Title, Department, Email

DATES / TIMES

Table with 4 columns: Date of Incident, Date of Investigation, Time of Incident, Time of Investigation, a.m./p.m. checkboxes

AFFECTED PARTY If any. (If injury or illness, fill out First Report of Injury Form)

Table with 4 columns: Name, Contact #, Title, Email

DESCRIBE THE INCIDENT (attach pictures if available)

Large empty text box for describing the incident.

WITNESS

Table with 3 columns: Name, Contact #

WITNESS STATEMENT(S)

Large empty text box for witness statement.

continued>>

INCIDENT INVESTIGATION FORM *continued*

CAUSAL FACTOR ANALYSIS (Why did it happen? Check all that apply)		
<p>Unsafe Acts</p> <ul style="list-style-type: none"> <input type="checkbox"/> Improper PPE, not used or used incorrectly <input type="checkbox"/> Operating without authorization <input type="checkbox"/> Failure to warn or secure <input type="checkbox"/> Operating at improper speeds <input type="checkbox"/> By-passing safety devices <input type="checkbox"/> Unsafe body position <input type="checkbox"/> Underestimated weight of equipment <input type="checkbox"/> Horseplay <input type="checkbox"/> Procedures not followed <input type="checkbox"/> Working on machinery in motion <input type="checkbox"/> Improper work technique <input type="checkbox"/> Drug or alcohol use <input type="checkbox"/> Unnecessary haste <input type="checkbox"/> Improper loading or placement <input type="checkbox"/> Unsafe act(s) of others <input type="checkbox"/> Other: _____ 	<p>Unsafe Conditions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate guarding of hazards <input type="checkbox"/> Slippery surfaces or conditions <input type="checkbox"/> Fire or explosion hazard <input type="checkbox"/> Hazardous substances <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Inadequate fall protection <input type="checkbox"/> Insufficient lighting <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Poor workstation design or layout <input type="checkbox"/> Defective tools/ equipment <input type="checkbox"/> Insufficient job knowledge <input type="checkbox"/> Congested work area <input type="checkbox"/> Improper footwear for task <input type="checkbox"/> Improper material storage <input type="checkbox"/> Improper tool or equipment used <input type="checkbox"/> Other: _____ 	<p>Safety Management Systems</p> <ul style="list-style-type: none"> <input type="checkbox"/> Insufficient worker training <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> PPE unavailable <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Insufficient supervisor training <input type="checkbox"/> Hazards not identified <input type="checkbox"/> Safety rules not enforced <input type="checkbox"/> Insufficient job training <input type="checkbox"/> Inadequate procedures or safety rules <input type="checkbox"/> Inadequate staff for task <input type="checkbox"/> Inadequate equipment <input type="checkbox"/> Unsafe design; inaccessible placement of equipment <input type="checkbox"/> Inadequate workplace inspections <input type="checkbox"/> Unrealistic scheduling <input type="checkbox"/> Other: _____

Have the unsafe conditions been corrected? Yes No

CORRECTIVE ACTIONS

CORRECTIVE ACTIONS ASSIGNED TO			
Name		Task #	
Name		Task #	
Name		Task #	

INVESTIGATOR / SUPERVISOR SIGNATURE			
Signature		Date	