

NAME: \_\_\_\_\_ CODE CLASS: \_\_\_\_\_

## INCIDENT INVESTIGATION REPORT

### INSTRUCTIONS



Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.)



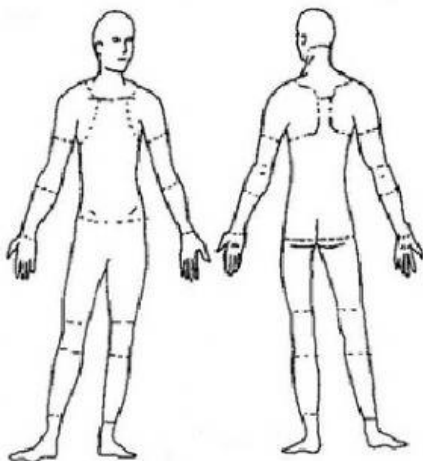
## INCIDENT REPORTING FORM

This is a report of a: ☐ Death ☐ Lost Time ☐ Dr. Visit Only ☐ First Aid Only ☐ Near Miss

Date of incident: \_\_\_\_\_ This report is made by: ☐ Employee ☐ Supervisor ☐ Team ☐ Other \_\_\_\_\_

### Step 1: Injured employee (complete this part for each injured employee)

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                            |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name:                                         | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Age:                                                                                                                                                                                                                                                       |
| Department:                                   | Job title at time of incident:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                            |
| Part of body affected: (shade all that apply) | Nature of injury:<br>(most serious one)<br><input type="checkbox"/> Abrasion, scrapes<br><input type="checkbox"/> Amputation<br><input type="checkbox"/> Broken bone<br><input type="checkbox"/> Bruise<br><input type="checkbox"/> Burn (heat)<br><input type="checkbox"/> Burn (chemical)<br><input type="checkbox"/> Concussion (to the head)<br><input type="checkbox"/> Crushing Injury<br><input type="checkbox"/> Cut, laceration, puncture<br><input type="checkbox"/> Hernia<br><input type="checkbox"/> Illness<br><input type="checkbox"/> Sprain, strain<br><input type="checkbox"/> Damage to a body system:<br><input type="checkbox"/> Other _____ | This employee works:<br><input type="checkbox"/> Regular full time<br><input type="checkbox"/> Regular part time<br><input type="checkbox"/> Seasonal<br><input type="checkbox"/> Temporary<br><br>Months with this employer<br><br>Months doing this job: |



## Step 2: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)

- ☐ Inadequate guard
- ☐ Unguarded hazard
- ☐ Safety device is defective
- ☐ Tool or equipment defective
- ☐ Workstation layout is hazardous
- ☐ Unsafe lighting
- ☐ Unsafe ventilation
- ☐ Lack of needed personal protective equipment
- ☐ Lack of appropriate equipment / tools
- ☐ Unsafe clothing
- ☐ No training or insufficient training
- ☐ Other: \_\_\_\_\_

Unsafe acts by people: (Check all that apply)

- ☐ Operating without permission
- ☐ Operating at unsafe speed
- ☐ Servicing equipment that has power to it
- ☐ Making a safety device inoperative
- ☐ Using defective equipment
- ☐ Using equipment in an unapproved way
- ☐ Unsafe lifting
- ☐ Taking an unsafe position or posture
- ☐ Distraction, teasing, horseplay
- ☐ Failure to wear personal protective equipment
- ☐ Failure to use the available equipment / tools
- ☐ Other: \_\_\_\_\_

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Is there a reward (such as "the job can be done more quickly", or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? ☐ Yes ☐ No

If yes, describe:

Were the unsafe acts or conditions reported prior to the incident? ☐ Yes ☐ No

Have there been similar incidents or near misses prior to this one? ☐ Yes ☐ No



“ **CAREFULNESS  
COSTS YOU  
NOTHING.  
CARELESSNESS MAY  
COST YOU YOUR  
LIFE.** ”