

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 - PART 3

#### Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

☐ Stop this activity    ☐ Guard the hazard    ☐ Train the employee(s)    ☐ Train the supervisor(s)

☐ Redesign task steps    ☐ design work station    ☐ Write a new policy/rule    ☐ Enforce existing policy

☐ Routinely inspect for the hazard    ☐ Personal Protective Equipment    ☐ Other: \_\_\_\_\_

What should be (or has been) done to carry out the suggestion(s) checked above?