

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?