

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.)

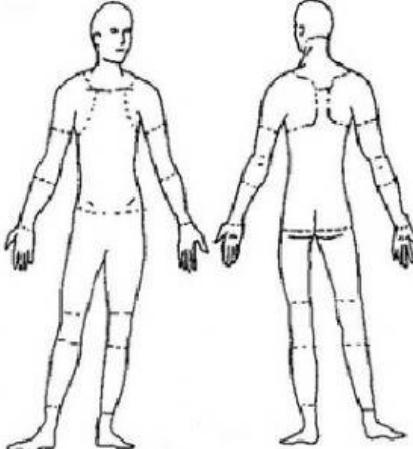


## INCIDENT REPORTING FORM

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)	 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Nature of injury: (most serious one)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Abrasion, scrapes</li> <li><input type="checkbox"/> Amputation</li> <li><input type="checkbox"/> Broken bone</li> <li><input type="checkbox"/> Bruise</li> <li><input type="checkbox"/> Burn (heat)</li> <li><input type="checkbox"/> Burn (chemical)</li> <li><input type="checkbox"/> Concussion (to the head)</li> <li><input type="checkbox"/> Crushing Injury</li> <li><input type="checkbox"/> Cut, laceration, puncture</li> <li><input type="checkbox"/> Hernia</li> <li><input type="checkbox"/> Illness</li> <li><input type="checkbox"/> Sprain, strain</li> <li><input type="checkbox"/> Damage to a body system:</li> <li><input type="checkbox"/> Other _____</li> </ul> </div> <div style="width: 45%;"> <p>This employee works:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Regular full time</li> <li><input type="checkbox"/> Regular part time</li> <li><input type="checkbox"/> Seasonal</li> <li><input type="checkbox"/> Temporary</li> </ul> <p>Months with this employer: _____</p> <p>Months doing this job: _____</p> </div> </div>	

## 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. ”**