

Incident Investigation Report

Instructions: Complete this form immediately after an incident occurs.

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: Supervisor	
Employee:	Department:	
	Job title at time of incident:	
Step 2: Describe the incident		
Exact location of the incident:	Exact time:	
What part of the employee's workday? Entering or leaving work Doing normal work activities During meal period During break Working overtime Other_____		
Names of witnesses (if any):		
Number of attachments:		
Written witness statements:	Photographs:	Maps/drawings:
What personal protective equipment was being used (if any):		
Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools were being used? (continue on back if necessary):		
Step 3: Why did the incident happen?		
<p>Unsafe workplace conditions: (Circle all that apply)</p> <ul style="list-style-type: none"> 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 	<p>Unsafe acts by people: (Circle all that apply)</p> <ul style="list-style-type: none"> 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 	

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? If yes, describe:

What could have been done to prevent this injury/near miss?

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

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 Redesign 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? (Continue on attached sheet if necessary)

Did employee miss work beyond their normal shift: Yes No

Did employee go to doctor/hospital? Yes No

Doctor's Name: Hospital Name:

Was EMS called and utilized to transport employee to hospital? Yes No

Step 5: Who completed and reviewed this form? (Please Print)

Written by: Title:

Department: Date: