

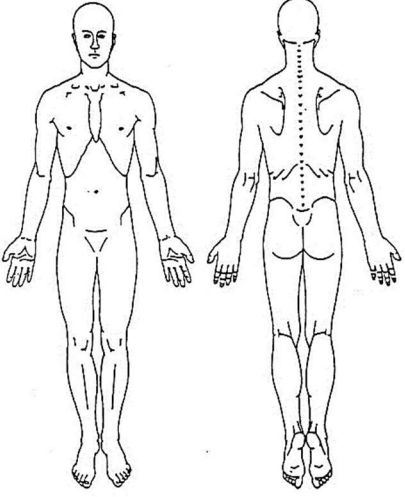
## Incident Investigation Report

**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.*)

This is a report of a: <input type="radio"/> Death <input type="radio"/> Lost Time <input type="radio"/> Dr. Visit Only <input type="radio"/> First Aid Only <input type="radio"/> Near Miss
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Date of incident:	This report is made by: <input type="radio"/> Employee <input type="radio"/> Supervisor <input type="radio"/> Team <input type="radio"/> Other _____
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### Step 1: Injured employee (complete this part for each injured employee)

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

### Step 2: Describe the incident

Exact location of the incident:	Exact time:
What part of employee's workday? <input type="radio"/> Entering or leaving work <input type="radio"/> Doing normal work activities <input type="radio"/> During meal period <input type="radio"/> During break <input type="radio"/> Working overtime <input type="radio"/> Other _____	
Names of witnesses (if any):	

<b>Number of attachments:</b>	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details. <p style="text-align: right;">Description continued on attached sheets: <input type="radio"/></p>			

**Step 3: Why did the incident happen?**

Unsafe workplace conditions: (Check all that apply) <ul style="list-style-type: none"> <li><input type="radio"/> Inadequate guard</li> <li><input type="radio"/> Unguarded hazard</li> <li><input type="radio"/> Safety device is defective</li> <li><input type="radio"/> Tool or equipment defective</li> <li><input type="radio"/> Workstation layout is hazardous</li> <li><input type="radio"/> Unsafe lighting</li> <li><input type="radio"/> Unsafe ventilation</li> <li><input type="radio"/> Lack of needed personal protective equipment</li> <li><input type="radio"/> Lack of appropriate equipment / tools</li> <li><input type="radio"/> Unsafe clothing</li> <li><input type="radio"/> No training or insufficient training</li> <li><input type="radio"/> Other: _____</li> </ul>	Unsafe acts by people: (Check all that apply) <ul style="list-style-type: none"> <li><input type="radio"/> Operating without permission</li> <li><input type="radio"/> Operating at unsafe speed</li> <li><input type="radio"/> Servicing equipment that has power to it</li> <li><input type="radio"/> Making a safety device inoperative</li> <li><input type="radio"/> Using defective equipment</li> <li><input type="radio"/> Using equipment in an unapproved way</li> <li><input type="radio"/> Unsafe lifting</li> <li><input type="radio"/> Taking an unsafe position or posture</li> <li><input type="radio"/> Distraction, teasing, horseplay</li> <li><input type="radio"/> Failure to wear personal protective equipment</li> <li><input type="radio"/> Failure to use the available equipment / tools</li> <li><input type="radio"/> Other: _____</li> </ul>
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? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span> If yes, describe:	
Were the unsafe acts or conditions reported prior to the incident? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>	
Have there been similar incidents or near misses prior to this one? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>	

**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?

Description continued on attached sheets:

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

Written by:

Title:

Department:

Date:

Names of investigation team members:

Reviewed by:

Title:

Date:

Director's Signature:

Date: