

Company Name:

- ☐ Injury  
☐ Incident  
☐ Equipment/Property Damage  
☐ Close Call / Near Hit

## Incident Reporting and Investigation Form

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Fill Out All Blocks. Be as specific as possible and include drawings, photos, additional narrative, as needed.

6 i ] X] b[ # GW cc :

Gd YV] ZW @ VU] jcb .

### SUPERVISOR CONTACT INFORMATION

|   |  |  |                             |      |           |
|---|--|--|-----------------------------|------|-----------|
| Reporting Supervisor / Investigator Name: |  | Title:   | Department:                 | Ext: | Mailstop: |
| Date of Incident:<br>(mo/day/yr)          | Time of Incident:<br><input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Time of Report:<br><input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Date of Report: (mo/day/yr) |      |           |

Contractor involved? If yes, name and contact information:

### INJURED PARTY

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| If no injury, check box and skip this section.<br><input type="checkbox"/> No injury | Injured Party's Name & Title:              | Injured Party's Contact Information:          |  |  |  |
| <b>Nature of Injury/Illness:</b>   | <input type="checkbox"/> Dislocation       | <input type="checkbox"/> Heat Related Illness | <b>Treatment:</b>                      | <b>Name &amp; Address of Treating Dr. / Facility</b> |  |
| <input type="checkbox"/> Strain/Sprain   | <input type="checkbox"/> Internal          | <input type="checkbox"/> Other (Specify)      | <input type="checkbox"/> First-Aid     | <b>Remarks:</b>                                      |  |
| <input type="checkbox"/> Fracture  | <input type="checkbox"/> Burn/Scald        |   | <input type="checkbox"/> E. R.         |  |  |
| <input type="checkbox"/> Laceration/Cut  | <input type="checkbox"/> Foreign Body      |   | <input type="checkbox"/> Dr.'s Office  |  |  |
| <input type="checkbox"/> Bruising  | <input type="checkbox"/> Chemical Reaction |   | <input type="checkbox"/> Hospital Stay |  |  |
| <input type="checkbox"/> Scratch/Abrasion  | <input type="checkbox"/> Allergic Reaction | <b>Body Part Injured(s):</b>                  |  |  |  |
| <input type="checkbox"/> Amputation  | <input type="checkbox"/> Concussion        |   |  |  |  |

### WITNESSES AND/OR WITNESS STATEMENT

|  |  |
|--|--|
| Witnesses (name and contact information) | Witness statement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

### PROPERTY DAMAGE

|  |                   |
|--|-------------------|
| List property / material damaged (use control numbers if available): | Nature of damage: |
| Object / substance inflicting damage:                                | Approximate cost: |

### THE INCIDENT (Use Additional Paper as Needed, Reference Below and Attach)

**Describe what happened.** (Investigate scene of incident or conditions. Describe who was involved, when and where the incident happened, what happened, and how.)

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| Why did it happen? (Root Cause Analysis) (What was the root cause of the incident, i.e., actually caused the illness, injury, or incident )    |  |   |                        |                |
|--|--|---|------------------------|----------------|
| <b>Unsafe Acts</b>   | <b>Unsafe Conditions</b>                                   | <b>Management System Deficiencies</b>                               |                        |                |
| <input type="checkbox"/> Improper Work Technique   | <input type="checkbox"/> Poor Workstation Design or Layout | <input type="checkbox"/> Lack of Written Procedures or Safety Rules |                        |                |
| <input type="checkbox"/> Improper PPE, Not Used or Used Incorrectly  | <input type="checkbox"/> Fire or Explosion Hazard          | <input type="checkbox"/> Safety Rules Not Enforced                  |                        |                |
| <input type="checkbox"/> Safety Rule Violation   | <input type="checkbox"/> Congested Work Area               | <input type="checkbox"/> Hazards Not Identified                     |                        |                |
| <input type="checkbox"/> Operating Without Authorization   | <input type="checkbox"/> Hazardous Substances              | <input type="checkbox"/> PPE Unavailable                            |                        |                |
| <input type="checkbox"/> Failure to Warn or Secure   | <input type="checkbox"/> Inadequate Ventilation            | <input type="checkbox"/> Insufficient Worker Training               |                        |                |
| <input type="checkbox"/> Operating at Improper Speeds  | <input type="checkbox"/> Improper Material Storage         | <input type="checkbox"/> Insufficient Supervisor Training           |                        |                |
| <input type="checkbox"/> By-Passing Safety Devices   | <input type="checkbox"/> Improper Tool or Equipment        | <input type="checkbox"/> Improper Maintenance                       |                        |                |
| <input type="checkbox"/> Guards Not Used   | <input type="checkbox"/> Insufficient Job Knowledge        | <input type="checkbox"/> Inadequate Supervision                     |                        |                |
| <input type="checkbox"/> Improper Loading or Placement   | <input type="checkbox"/> Slippery Conditions               | <input type="checkbox"/> Insufficient Job Planning                  |                        |                |
| <input type="checkbox"/> Improper Lifting  | <input type="checkbox"/> Poor Housekeeping                 | <input type="checkbox"/> Inadequate Hiring Practices                |                        |                |
| <input type="checkbox"/> Servicing or Adjusting Machinery in Motion  | <input type="checkbox"/> Excessive Noise                   | <input type="checkbox"/> Poor Process Design                        |                        |                |
| <input type="checkbox"/> Horseplay   | <input type="checkbox"/> Inadequate Guarding of Hazards    | <input type="checkbox"/> Inadequate Workplace Inspections           |                        |                |
| <input type="checkbox"/> Drug or Alcohol Use   | <input type="checkbox"/> Defective Tools/Equipment         | <input type="checkbox"/> Inadequate Equipment                       |                        |                |
| <input type="checkbox"/> Unsafe Act(s) of Others   | <input type="checkbox"/> Insufficient Lighting             | <input type="checkbox"/> Unsafe Design or Construction              |                        |                |
| <input type="checkbox"/> Unnecessary Haste   | <input type="checkbox"/> Inadequate Fall Protection        | <input type="checkbox"/> Unrealistic Scheduling                     |                        |                |
| <input type="checkbox"/> Other:  | <input type="checkbox"/> Other:                            | <input type="checkbox"/> Other:                                     |                        |                |
| <b>List immediate actions taken and results.</b>   |  |   |                        |                |
| <b>What should be done to prevent a recurrence?</b> (Be specific as to what would prevent the injury, incident or damage from occurring again) |  |   |                        |                |
| CORRECTIVE ACTIONS TRACKING (All Blocks Must be Filled In and Information Verifiable)  |  |   |                        |                |
| List action(s) that have or will be taken to prevent a recurrence.   | Assigned To Whom   | Scheduled Completion Date   | Actual Completion Date | Follow-up Date |
|  |  |   |                        |                |
|  |  |   |                        |                |
|  |  |   |                        |                |
|  |  |   |                        |                |
|  |  |   |                        |                |

## Incident Reporting and Investigation Form

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### JOB HAZARD ANALYSIS REVIEW

Is there a JSA that applies to the **task** being performed when the injury or incident occurred?

☐ Yes ☐ No

*If yes, review the JSA, answer the following questions, and attach a copy to this report.*

*If no, please explain why the JHA was not required for the task.*

Were hazards sufficiently identified? If not, please explain.

☐ Yes ☐ No

Were identified controls adequate and implemented? If not, please explain.

☐ Yes ☐ No

Were the identified controls not implemented? If not, please explain.

☐ Yes ☐ No

### INVESTIGATION TEAM *(Print and Sign)*

| Signature | Name | Title |
|-----------|------|-------|
|           |      |       |
|           |      |       |
|           |      |       |
|           |      |       |
|           |      |       |
|           |      |       |
|           |      |       |
|           |      |       |
|           |      |       |
|           |      |       |

cc:

Attachments