

Appendix 6

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="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. Visit Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss	
Date of incident:	This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor

Step 1: Injured employee (complete this part for each injured employee)	
Name:	Age:
Job title at time of incident:	
Nature of injury: (most serious one) <ul style="list-style-type: none"> · Abrasion, scrapes · Amputation · Broken bone · Bruise · Burn (heat) · Concussion (to the head) · Crushing Injury · Cut, laceration, puncture · Illness · Sprain, strain · Other _____ 	Months with this employer: _____ Months doing this job: _____

Step 2: Describe the incident	
Exact location of the incident:	Exact time:
Names of witnesses (if any):	
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.

Description continued on attached sheets:

Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)

- Inadequate guard
- Unguarded hazard
- Safety device is defective
- Tool or equipment defective
- Lack of needed personal protective equipment
- Lack of appropriate equipment / tools
- Unsafe rigging
- 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 by hand
- Not "in the clear"
- 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?

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 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:

Date:

Names of investigation team members:

Reviewed by:

Title:

Date: