INCIDENT INVESTIGATION REPORT

<u>Instructions</u>: 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.*)

Date of Investigation	y: D Employee D Supervise	<u> </u>
Name:	Sex: □ Male □ Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply)	Nature of injury: (most serious one) Abrasion, scrapes Amputation Broken bone Bruise Burn (heat) Concussion (to head) Crushing Injury Cut, laceration, puncture Hernia Illness Sprain, strain Damage to body system: Other (e.g. nervous, respiratory, circulatory system)	
Step 2: Describe the incident Location of incident:	Date	of incident:
	Time	e of incident: am pm
What part of employee's workday? ☐ Entering or leaving work ☐ Doing normal work activities ☐ During meal period ☐ During break ☐ Working overtime ☐ Other		
Name and contact information of witnesses (if any)	:	

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A sate of needed personal protective equipment Using equipment	Number of	Written witness statements:	Photographs:	Maps / drawings:	
Describle, 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:	attachments:				
Description continued on attached sheets: Step 3: Why did the incident happen? Unsate workplace conditions: (Check all that apply) Inadequate guard Unguarded hazard Operating at unsafe speed Tool or equipment 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 infitting by hand Taking an unsafe position or posture Distraction, teasing, horseplay Failure to wear personal protective equipment 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? Why did the unsafe acts occur? Were the unsafe acts or conditions reported prior to the incident? No "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? No No "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts?	What personal	protective equipment was being used	(if any)?		
Description continued on attached sheets: Step 3: Why did the incident happen? Unsate workplace conditions: (Check all that apply) Inadequate guard Unguarded hazard Safety device is defective Tool or equipment defective Workstation layout is hazardous Unsate lighting Unsate ventilation Lack of appropriate equipment (tools Unsate ventilation Lack of appropriate equipment (tools Not training or insufficient training Other: Why did the unsafe conditions exist? Why did the unsafe acts occur? Why did the unsafe acts occur? Were the unsafe acts or conditions reported prior to the incident? Were the unsafe acts or conditions reported prior to the incident? No training or insufficient training It shere 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? Were the unsafe acts or conditions reported prior to the incident?					
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Were the unsafe acts or conditions reported prior to the incident? ☐ Yes ☐ No	.,	3			
	If yes, describe:				
Have there been similar incidents or near misses prior to this one? ☐ Yes ☐ No	Were the unsa	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					
	Have there be	en similar incidents or near misses pric	or to this one?	☐ Yes ☐ No	

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Step 4: How can future incidents be prevented?				
What changes do you suggest to prevent this in	njury/near miss from happening again?			
☐ Stop this activity ☐ Guard the hazard ☐	Train the employee(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 sug	gestion(s) checked above?			
Description continued on attached sheets: □				
Step 5: Who completed and reviewed this form	? (Please Print)			
Written by:	Title:			
Department:	Date:			
Doparaniona				
Names of investigation team members:				
Reviewed by:	Title:			

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