



Incident Investigation Report

Report Type: Death Lost Time First Aid Only Healthcare Provider Hospital

Date of Incident:

Report By: Employee Supervisor Faculty Other

Step 1: Injured Employee

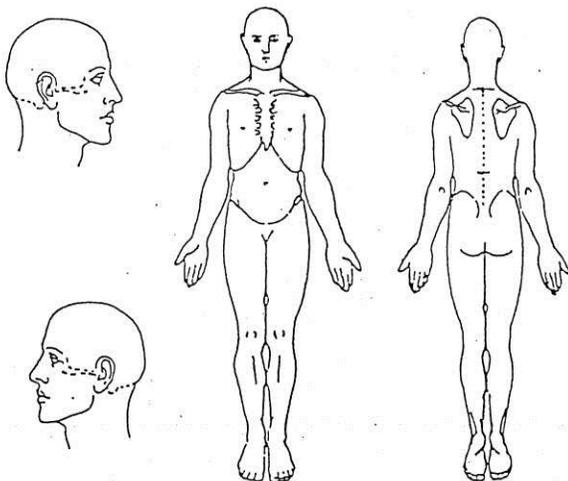
Name of Person Involved:

Sex: Male Female

Age:

Department:

Job Description:



Type of Injury:

- Abrasion, Scrap
- Amputation
- Broken Bone
- Bruise
- Burn (Heat)
- Burn (Chemical)
- Concussion
- Crushing Injury
- Cut, Laceration, Puncture
- Hernia
- Illness
- Sprain, Strain
- Other _____

Step 2: Describe Incident

Incident Location (Building, Room #, etc.):

Time:

____:____ A.M./P.M.

Name(s) of Witness(es) (if any):

Personal Protective Equipment being used?

Describe Events of Incident in detail, including any machines, objects, tools, materials or chemicals being used.

Additional information on attached sheets.



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Step 3: Why did this incident happen?

Unsafe Workplace Conditions: (check all that apply)

- Inadequate guarding
- Unguarded hazard
- Safety device is defective
- Tool or equipment defective
- Workstation layout is hazardous
- Unsafe Lighting
- Unsafe ventilation
- Lack of needed PPE
- Lack of appropriate equipment/tools
- Unsafe clothing
- No training or insufficient training
- Other: _____

Unsafe Acts by People: (Check all that apply)

- Operating without permission
- Operating at unsafe speeds
- 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 or horseplay
- Failure to wear PPE
- Failure to use the available tools/equipment
- Other: _____

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Is there a reward that may have encouraged the unsafe conditions or acts? (Example- "the job can be done more quickly" or "the product is less likely to be damaged"?) Yes No
If yes, describe:

Were the unsafe acts or condition 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 from happening again?

- Stop this activity
- Guard the hazard
- Routinely inspect for hazard
- Redesign work station
- Training
- Write/Update policy or procedure
- Personal Protective Equipment
- Enforce Existing Policy
- Other

What corrective action was taken to correct checked above? (Add evidence of action(s) taken)

of Attachments:

Written Witness Statements:

Photographs:

Maps/Drawings:

Incident Investigation Report

Step 5: Form Completion Sign Off	
Completed By:	Date:
Name of Investigation Team Members:	
Step 6: EHS Review	
EHS Review:	Date:
Verification (ensure corrective action is in place as stated on this form):	
Verification Signature:	Date: