



Employee Post Incident/Accident Analysis (DA 2000)

[Required for all incidents/accidents]

[This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.laorm.com]

MANAGEMENT SECTION

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT \_\_\_\_\_

17. POSITION/TITLE \_\_\_\_\_

18. IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION \_\_\_\_ Y \_\_\_\_ N

19. WAS EQUIPMENT INVOLVED \_\_\_\_ Y \_\_\_\_ N (If no, skip to question 20)

A. TYPE OF EQUIPMENT \_\_\_\_\_

B. IS THERE A JSA FOR EQUIPMENT \_\_\_\_ Y \_\_\_\_ N

C. DATE LAST JSA PERFORMED \_\_\_\_\_

20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED \_\_\_\_ Y \_\_\_\_ N

21. DID INCIDENT INVOLVE SAME INDIVIDUAL \_\_\_\_ Y \_\_\_\_ N

22. SAME LOCATION \_\_\_\_ Y \_\_\_\_ N

23. WAS THE SCENE VISITED DURING THE INVESTIGATION \_\_\_\_ Y \_\_\_\_ N

A. DATE & TIME \_\_\_\_\_

B. ARE PICTURES AVAILABLE \_\_\_\_ Y \_\_\_\_ N

C. IF NO, REASON FOR NOT VISITING \_\_\_\_\_

ROOT CAUSE ANALYSIS

UNSAFE ACT (PRIMARY):  Failure to comply with policies/procedures  Failure to use appropriate equipment/technique  Inattentiveness
 Inadequate/lack of JSA/standards  Incomplete or no policies/procedures  Inadequate training on policies/procedures  Inadequate adherence of policies/procedures

Other (specify) \_\_\_\_\_

Detailed explanation of checked box \_\_\_\_\_

WHY WAS ACT COMMITTED:

UNSAFE CONDITION (PRIMARY):  Inappropriate equip/tool  Inadequate maintenance  Inadequate training  Wet surface
 Worn/broken/defective building components  Broken equipment  Inadequate guard  Electrical hazard  Fire Hazard

Other (specify) \_\_\_\_\_

Detailed explanation of checked box \_\_\_\_\_

WHY DID CONDITION EXIST:

CONTRIBUTORY FACTORS (IF ANY):

IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:

LONG RANGE ACTION TO BE TAKEN:

WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:

KEEP COMPLETED FORMS ON FILE AT THE LOCATION WHERE INCIDENT/ACCIDENT OCCURRED