

# INCIDENT INVESTIGATION FORM

I am reporting a work related: ☐ Accident ☐ Injury ☐ Illness ☐ Near miss

## Employee's Statement

**Instructions:** Employees shall use this form to report all work related injuries, illnesses, accidents or "near miss" events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

Name: \_\_\_\_\_ Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_ # of Dependents: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of Incident/Near Miss: \_\_\_\_\_ Time of Incident/Near Miss: \_\_\_\_\_

Name(s) of witness(es): \_\_\_\_\_

Where, exactly, did it happen? \_\_\_\_\_

What were you doing at the time? \_\_\_\_\_

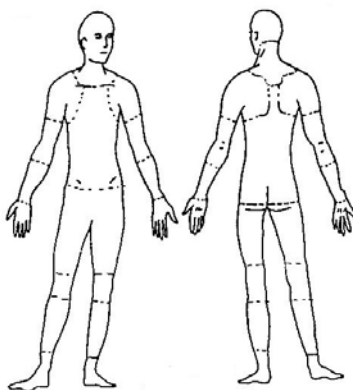
Describe step by step what led up to the injury/near miss (continue on the back if necessary). What equipment/tools were being used?: \_\_\_\_\_

\_\_\_\_\_

What could have been done to prevent this injury/near miss? \_\_\_\_\_

\_\_\_\_\_

What part(s) of your body were injured? \_\_\_\_\_ (Shade all that apply)



Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# INCIDENT INVESTIGATION FORM

## Supervisor's Statement

Name of Injured/Involved Person: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

What part of the body was injured? \_\_\_\_\_ Describe fully what occurred? \_\_\_\_\_

Names of all witnesses: \_\_\_\_\_

Exact location of event: \_\_\_\_\_

Were safety regulations and Personal Protective Equipment in place and used? If not, why? \_\_\_\_\_

Did employee receive treatment? ☐ yes ☐ no If yes, ☐ On Site-Minor First Aid ☐ Off Site-Medical Facility

Medical Facility/Physician: \_\_\_\_\_ Hospital Name: \_\_\_\_\_

Was employee released to return to work that same day? \_\_\_\_\_ Did employee return? \_\_\_\_\_

Did employee die? \_\_\_\_\_ Date of death? \_\_\_\_\_

### Why did this incident happen?

#### Unsafe workplace conditions: (Check all that apply)

- ☐ Inadequate guard
- ☐ Unguarded hazard
- ☐ Safety device is 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 clothing
- ☐ 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
- ☐ Taking an unsafe position or posture
- ☐ Distraction, teasing, horseplay
- ☐ Failure to wear personal protective equipment
- ☐ Failure to use the available equipment / tools
- ☐ Other: \_\_\_\_\_

### What changes do you suggest to prevent this type of incident/near miss from happening again?

- ☐ Stop this activity    ☐ Guard the hazard    ☐ Train the employee(s)    ☐ Train the supervisor(s)
- ☐ Redesign task steps    ☐ Redesign work station    ☐ Write a new policy/rule    ☐ Enforce existing policy
- ☐ Routinely inspect for the hazard    ☐ Personal Protective Equipment    ☐ Other: \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_