

**Supervisor's Incident Investigation Report**

(Sample #2)

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	JOB TITLE
ACCIDENT/INCIDENT ADDRESS (STREET)		DEPARTMENT
CITY, STATE, ZIP CODE	TELEPHONE	LENGTH OF TIME ON JOB
SITE BUSINESS	TYPE OF BUSINESS	

ACCIDENT TYPE (select the most appropriate response)

<input type="checkbox"/> Struck against	<input type="checkbox"/> Fall to different level	<input type="checkbox"/> Contact electrical current	<input type="checkbox"/> Other (describe) _____
<input type="checkbox"/> Struck by	<input type="checkbox"/> Slip or twist (not fall)	<input type="checkbox"/> Muscular strain	_____
<input type="checkbox"/> Caught in or between	<input type="checkbox"/> Exposure to temp. extremes	<input type="checkbox"/> Respiratory exposure	_____
<input type="checkbox"/> Fall on same level	<input type="checkbox"/> Skin exposure	<input type="checkbox"/> Exposure to physical agents (noise, radiation, etc.)	_____

**HAZARD**

A. Identify the behavior prior to accident/incident, describe the events such as cleaning, climbing, repairing, installing, lifting, cutting, etc.

\_\_\_\_\_

\_\_\_\_\_

B. Identify the action that contributed to the accident, such as twist, push, crawl, stand, sit, reach, etc.

\_\_\_\_\_

\_\_\_\_\_

**CAUSE** (Use the listing below as an aid in identifying the factors that contributed to the accident. (Check all that apply.)

<p><b>PROCEDURES</b></p> <input type="checkbox"/> None developed <input type="checkbox"/> Developed but not followed <input type="checkbox"/> Developed but not trained <input type="checkbox"/> Developed but not understood <input type="checkbox"/> Developed but not accurate <input type="checkbox"/> Developed but unable to follow	<p><b>COMMUNICATION</b></p> <input type="checkbox"/> Insufficient planning <input type="checkbox"/> Breakdown in communication between workers <input type="checkbox"/> Breakdown in communication between workers and supervisors <input type="checkbox"/> Breakdown in communication between work teams <input type="checkbox"/> Confusion after communication
<p><b>HAZARD</b></p> <input type="checkbox"/> Created by co-worker <input type="checkbox"/> Created by external factors <input type="checkbox"/> Documented but not repaired <input type="checkbox"/> Identified but not accepted <input type="checkbox"/> Unidentified <input type="checkbox"/> Repaired but deficient repair <input type="checkbox"/> Conditions changed without proper communication <input type="checkbox"/> Lack of documentation	<p><b>IN A HURRY</b></p> <input type="checkbox"/> Supervisor implied need <input type="checkbox"/> Customer originated <input type="checkbox"/> Employee perceived need <input type="checkbox"/> Equipment failure <input type="checkbox"/> Friendly competition <input type="checkbox"/> Rushes, deadlines <input type="checkbox"/> Due to external factors <input type="checkbox"/> To achieve bonus <input type="checkbox"/> Workload too heavy <input type="checkbox"/> Lack of help or assistance <input type="checkbox"/> Lack of team work <input type="checkbox"/> Illness
<p><b>FACILITIES/EQUIPMENT</b></p> <input type="checkbox"/> Faulty equipment <input type="checkbox"/> Poor design <input type="checkbox"/> Corrosion/wear <input type="checkbox"/> Ergonomic factors <input type="checkbox"/> Facility layout <input type="checkbox"/> New equipment <input type="checkbox"/> Change in process/materials	<p><b>TRAINING</b></p> <input type="checkbox"/> Insufficient training <input type="checkbox"/> Circumstances not addressed in training <input type="checkbox"/> Tools used incorrectly
	<p><b>OTHER FACTORS</b></p> <input type="checkbox"/> Weather/temperature <input type="checkbox"/> Light <input type="checkbox"/> Working long hours <input type="checkbox"/> Noise <input type="checkbox"/> Physical overexertion <input type="checkbox"/> Atmosphere <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Visibility <input type="checkbox"/> Improper body position <input type="checkbox"/> Radiation <input type="checkbox"/> <input type="checkbox"/> Chemical

MAJOR CAUSE (From areas identified on the previous page, choose the major cause)

- Procedures
- Facilities/equipment
- In a hurry
- Training
- Environment
- Communication

Other \_\_\_\_\_

People \_\_\_\_\_

Materials \_\_\_\_\_

ROOT CAUSE

1. Why did the event occur? \_\_\_\_\_

\_\_\_\_\_

2. Why did the behavior exist? \_\_\_\_\_

\_\_\_\_\_

3. Why did the condition exist? \_\_\_\_\_

\_\_\_\_\_

CORRECTIVE ACTION (List corrective steps to reduce potential for recurrence)

1. Explain how to eliminate the hazard or task \_\_\_\_\_

\_\_\_\_\_

2. Define how to engineer or design out the hazard or task \_\_\_\_\_

\_\_\_\_\_

3. How would you substitute the hazard or task? \_\_\_\_\_

\_\_\_\_\_

4. What type of training is needed? \_\_\_\_\_

\_\_\_\_\_

5. What type of personal protective equipment is needed? \_\_\_\_\_

\_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_