

**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									
<p>ACCIDENT TYPE (select the most appropriate response)</p> <p> <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.)                 </p>										
<p><b>HAZARD</b></p> <p>A. Identify the behavior prior to accident/incident, describe the events such as cleaning, climbing, repairing, installing, lifting, cutting, etc.</p> <p>_____</p> <p>_____</p> <p>B. Identify the action that contributed to the accident, such as twist, push, crawl, stand, sit, reach, etc.</p> <p>_____</p> <p>_____</p>										
<p><b>CAUSE</b> (Use the listing below as an aid in identifying the factors that contributed to the accident. (Check all that apply.)</p> <table border="0"> <tr> <td> <p><b>PROCEDURES</b></p> <p><input type="checkbox"/> None developed</p> <p><input type="checkbox"/> Developed but not followed</p> <p><input type="checkbox"/> Developed but not trained</p> <p><input type="checkbox"/> Developed but not understood</p> <p><input type="checkbox"/> Developed but not accurate</p> <p><input type="checkbox"/> Developed but unable to follow</p> </td> <td> <p><b>COMMUNICATION</b></p> <p><input type="checkbox"/> Insufficient planning</p> <p><input type="checkbox"/> Breakdown in communication between workers</p> <p><input type="checkbox"/> Breakdown in communication between workers and supervisors</p> <p><input type="checkbox"/> Breakdown in communication between work teams</p> <p><input type="checkbox"/> Confusion after communication</p> </td> </tr> <tr> <td> <p><b>HAZARD</b></p> <p><input type="checkbox"/> Created by co-worker</p> <p><input type="checkbox"/> Created by external factors</p> <p><input 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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 \_\_\_\_\_