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|  | Tool Type | FORM | Last Reviewed | 8/17/12 |  |
|  | Geography | ALL | Source:  | OHS Insider |  |

MODEL INCIDENT INVESTIGATION FORM

# BENEFITS

When a safety incident occurs in your workplace—whether someone is injured or killed or it’s a near miss—you *must* investigate it. Documenting your investigation is important because you may need to prove down the road that you exercised due diligence to prevent similar incidents from happening.

**HOW TO USE THE TOOL**

Use this Model Incident Investigation Form to record what happened, the workers involved, the likely causes of the incident and proposed steps for addressing identified hazards or issues and preventing similar incidents, both in the short- and long-term. Tailor this form to reflect the incident investigation protocol in your workplace.

**MODEL INCIDENT INVESTIGATION FORM**

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| **Instructions:** This form must be completed by [*insert appropriate person, such as safety coordinator or member of the JHSC*] whenever a safety incident occurs and a copy of the completed report forwarded to [*insert appropriate person/entity*].Check an Incident resulted in (check all that apply) : [ ]  injury [ ]  illness [ ]  property damage [ ]  near miss [ ]  first aid [ ]  medical attention [ ]  recurrence [ ]  other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Workplace Location | Department |
| Specific Location of Incident  | Date of incidentTime\_\_\_:\_\_\_ am pm  | Date incident was reported  |
| **WORKER INFORMATION** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_ Sex: [ ]  M [ ]  F\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time in position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **INJURY INFORMATION** |
| Date of first missed shift:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of days out:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approximate date of onset, if no specific date, of injury/illness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Object/equipment/substance causing damage/injury/illness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nature of injury:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Body part(s) affected:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Describe in detail how the incident occurred: |
| Loss severity potential: [ ]  Major [ ]  Serious [ ]  Minor Probability of reoccurrence if issues not corrected: [ ]  High [ ]  Moderate [ ]  Low |
| What specific personal or job/system factors caused or could cause this incident? (Check all that apply.)**Personal Factors:**[ ]  Inadequate capability[ ]  Lack of knowledge/training[ ]  Lack of skill[ ]  Stress[ ]  Impairment[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Job/system Factors:**[ ]  Inadequate leadership[ ]  Inadequate supervision[ ]  Inadequate engineering[ ]  Inadequate supplies[ ]  Inadequate maintenance[ ]  Inadequate tools/equipment[ ]  Inadequate work standards[ ]  Wear and tear[ ]  Abuse and/or misuse[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What acts/practices/conditions contributed or could contribute to the incident? (Check all that apply.)[ ]  Operating equipment without authority [ ]  Failure to warn[ ]  Failure to secure [ ]  Operating at improper speed[ ]  Making safety devices inoperable [ ]  Removing safety devices[ ]  Using defective equipment [ ]  Failure to use PPE[ ]  Improper loading [ ]  Improper placement[ ]  Improper lifting [ ]  Improper position for task[ ]  Servicing equipment in operation [ ]  Horseplay[ ]  Under influence of drugs, alcohol or other substances [ ]  Inadequate guards or barriers[ ]  Inadequate or improper protective equipment [ ]  Defective tools, equipment or materials[ ]  Congestion or restricted action [ ]  Inadequate warning system[ ]  Fire and explosion hazard [ ]  Poor housekeeping, disorder[ ]  Noise exposure [ ]  Radiation exposure[ ]  High or low temperature exposure [ ]  Inadequate or excess illumination[ ]  Inadequate ventilation [ ]  Exposure to hazardous substances[ ]  Hazardous environmental conditions, such as gases, smoke, dusts or fumes[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Remedial actions:** What actions have or should be taken to address the causes listed above? |
| **Prevention of Accident/Incident Recurrence:** Describe the action(s) planned or already taken to prevent a reoccurrence of the incident: **Short-term actions:****Long term actions:** |
| Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed by Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed by Workers Involved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |