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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 incident  Time\_\_\_:\_\_\_ 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |