



- Hip L / R
- Internal Organs
- Back – Upper L / R

- Back – Lower L / R
- Buttock(s) L / R
- Other \_\_\_\_\_

## Step 2: Describe the incident

Exact location of the incident: \_\_\_\_\_

Names of witnesses (if any): \_\_\_\_\_

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**Number of attachments:** Written witness statements: \_\_\_\_ Photographs: \_\_\_\_ Maps / drawings: \_\_\_\_

What personal protective equipment was being used (if any)?

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Check if description continued on attached sheets:

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Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.

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Check if description continued on attached sheets:

## Step 3: Why did the 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
- Other: \_\_\_\_\_

- Lack of appropriate equipment / tools
- Unsafe clothing
- No training or insufficient training

Unsafe acts by people (Check all that apply):

- Operating without permission
- Operating at unsafe speed
- Servicing equipment that has power to it
- Taking an unsafe position or posture
- Making a safety device inoperative
- Using defective equipment
- Other: \_\_\_\_\_

- Using equipment in a unapproved way
- Unsafe lifting
- Distraction, teasing, horseplay
- Failure to wear personal protective equipment
- Failure to use the available equipment / tools

Why did the unsafe conditions exist'?

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Check if description continued on attached sheets:

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Why did the unsafe acts occur?

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Check if description continued on attached sheets:

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Were the unsafe acts or conditions reported prior to the incident?       Yes       No

Have there been similar incidents or near misses prior to this one?       Yes       No

#### Step 4: How can future incidents be prevented?

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

- |  |   |
|--|---|
| <input type="checkbox"/> Stop this activity      | <input type="checkbox"/> Write a new policy/rule          |
| <input type="checkbox"/> Guard the hazard        | <input type="checkbox"/> Enforce existing policy/rule     |
| <input type="checkbox"/> Train the employee(s)   | <input type="checkbox"/> Routinely inspect for the hazard |
| <input type="checkbox"/> Train the supervisor(s) | <input type="checkbox"/> Personal Protective Equipment    |
| <input type="checkbox"/> Redesign task steps     |   |
| <input type="checkbox"/> Redesign work station   |   |
| <input type="checkbox"/> Other _____             |   |

Check if description continued on attached sheets:

What should be (or has been) done to carry out the suggestion(s) above?

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Check if description continued on attached sheets:

#### Step 5: Who completed and reviewed this form? (Please Print)

Completed by: (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Names of investigation team members (if any):

_____	_____
_____	_____
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Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_