

Step 2: Describe the incident

Exact location of the incident: _____

Names of witnesses (if any): _____

Number of attachments: Written witness statements: ____ Photographs: ____ Maps / drawings: ____

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

Check if description continued on attached sheets: []

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.

Check if description continued on attached sheets: []

Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Inadequate guard | <input type="checkbox"/> Unsafe ventilation |
| <input type="checkbox"/> Unguarded hazard | <input type="checkbox"/> Lack of needed personal protective equipment |
| <input type="checkbox"/> Safety device is defective | <input type="checkbox"/> Lack of appropriate equipment / tools |
| <input type="checkbox"/> Tool or equipment defective | <input type="checkbox"/> Unsafe clothing |
| <input type="checkbox"/> Workstation layout is hazardous | <input type="checkbox"/> No training or insufficient training |
| <input type="checkbox"/> Unsafe lighting | |
| <input type="checkbox"/> Other: _____ | |

Unsafe acts by people (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Operating without permission | <input type="checkbox"/> Using equipment in a unapproved way |
| <input type="checkbox"/> Operating at unsafe speed | <input type="checkbox"/> Unsafe lifting |
| <input type="checkbox"/> Servicing equipment that has power to it | <input type="checkbox"/> Distraction, teasing, horseplay |
| <input type="checkbox"/> Taking an unsafe position or posture | <input type="checkbox"/> Failure to wear personal protective equipment |
| <input type="checkbox"/> Making a safety device inoperative | <input type="checkbox"/> Failure to use the available equipment / tools |
| <input type="checkbox"/> Using defective equipment | |
| <input type="checkbox"/> Other: _____ | |

Why did the unsafe conditions exist?

Check if description continued on attached sheets:

Why did the unsafe acts occur?

Check if description continued on attached sheets:

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

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):

_____	_____
_____	_____
_____	_____

Reviewed by: _____ Title: _____

Date: _____