

FORM

Incident Investigation Report

ABC Company

This form is designed to streamline the investigation process following an incident. Complete this to identify incident witnesses, the root cause of an incident and potential solutions to prevent similar incidents from occurring in the future.

The supervisor of the employee involved in the incident should complete this form thoroughly and within 24 hours after the event whenever feasible (some investigations may take longer).

SITE INFORMATION

<i>Company name:</i>		<i>Point of contact (name and title):</i>	
<i>Street address:</i>	<i>Phone number:</i>	<i>City/ZIP code:</i>	<i>Store number (if applicable):</i>

EMPLOYEE INFORMATION

<i>Name (first and last):</i>	<i>Employee job title:</i>
<i>Employee department:</i>	<i>Supervisor name and job title:</i>
<i>Body parts the employee claims were injured (check all that apply):</i>	<input type="checkbox"/> Arm <input type="checkbox"/> Face <input type="checkbox"/> Torso <input type="checkbox"/> Back <input type="checkbox"/> Feet <input type="checkbox"/> Legs <input type="checkbox"/> Buttock <input type="checkbox"/> Hands <input type="checkbox"/> Thighs <input type="checkbox"/> Chest <input type="checkbox"/> Head <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

INCIDENT INFORMATION

<i>Date:</i>	<i>Location of the alleged incident:</i>
<i>Time:</i>	

Prepared by Horst Insurance

This SAMPLE form is of general interest and is not intended to apply to specific circumstances. It does not purport to be a comprehensive analysis of all matters relevant to its subject matter. The content should not, therefore, be regarded as constituting legal advice and not be relied upon as such. In relation to any particular problem which they may have, readers are advised to seek specific advice. Further, the law may have changed since first publication and the reader is cautioned accordingly. © 2019 Zywave, Inc. All rights reserved.

<i>Manager on duty:</i>	<i>Date incident was reported:</i>
<i>Description of the incident (list any property damage if applicable):</i>	
If possible, have the employee recreate the incident.	

WITNESSES			
<i>Name:</i>	<i>Contact info (phone, email):</i>	<i>Address:</i>	<i>Employee?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Name:</i>	<i>Contact info (phone, email):</i>	<i>Address:</i>	<i>Employee?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Name:</i>	<i>Contact info (phone, email):</i>	<i>Address:</i>	<i>Employee?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

ROOT CAUSE ANALYSIS (CHECK ALL THAT APPLY)	
Contributing Actions	Contributing Conditions
<input type="checkbox"/> Use of safety devices <input type="checkbox"/> Use of PPE <input type="checkbox"/> Procedural issue <input type="checkbox"/> Speed of operation <input type="checkbox"/> Equipment condition <input type="checkbox"/> Lifting technique <input type="checkbox"/> Operator skill <input type="checkbox"/> Recapped needle <input type="checkbox"/> Material handling <input type="checkbox"/> Use of tools <input type="checkbox"/> Warning method <input type="checkbox"/> Type of clothing <input type="checkbox"/> Authorization issue <input type="checkbox"/> Awareness <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Housekeeping <input type="checkbox"/> Exposure <input type="checkbox"/> Condition of surface <input type="checkbox"/> Noise <input type="checkbox"/> Ergonomic issue <input type="checkbox"/> Chemicals <input type="checkbox"/> Guards/barriers <input type="checkbox"/> Fire/explosion hazard <input type="checkbox"/> Tools/equipment <input type="checkbox"/> Radiation <input type="checkbox"/> Sharp object <input type="checkbox"/> Lighting/temperature/ventilation <input type="checkbox"/> Inclement weather <input type="checkbox"/> Training <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

THE "WHY" ROOT CAUSE ANALYSIS

Repeatedly asking the question "why" can help you drill down to the root cause of an incident. For instance, if an employee slipped and fell, the line of questioning could go as follows:

- Why did they slip? Answer: The Floor was wet.
- Why was the floor wet? Answer: It was raining and water pooled in the front of the building.
- Why did the water pool? Answer: The tiles are improperly graded, which creates stagnant water.

The scenario:

Why 1:

Why 2:

Why 3:

Why 4:

Why 5:

ROOT CAUSE NARRATIVE

Based on your analysis, describe what caused the incident:

POSSIBLE CORRECTIVE ACTIONS

- Isolate and guard the hazard Implement a procedure change Provide gloves Provide hard hats
- Automate a manual process Provide safety training Provide respirators Provide face shields
- Remove the hazard (redesign) Add signage and warnings Use safety glasses Use cut resistant clothes
- Provide ventilation Improve housekeeping practices Provide safety shoes Use hearing protection
- Use new tools or equipment Provide lab coats Other _____ Other: _____

Corrective Action (Include at least one corrective action per every identified root cause.)	Responsible Individual	Expected Completion Date	Actual Completion Date

Report Completed By: _____

Date of Report: _____