

INCIDENT INVESTIGATION REPORT



Instructions: Employees are to use this form to report all work-related injuries, illnesses or “near miss” events (that could have caused an injury or illness) – *no matter how minor*. This report will help us to identify and correct hazards before they cause future serious injuries. This form is to be completed by the employees and supervisor as soon as possible after the event .

Report Type: **Injury** **Illness** **Near Miss**

Date of Incident: _____ **Time of Incident:** _____

Who was involved: _____

Environmental conditions at time of incident: _____

Describe what was happening when the incident occurred.

Describe how the incident occurred (be as specific as possible).

Who else was involved in the incident?

Who witnessed the incident?

What equipment, process or activity not described above may be related to the incident?

Where did the incident take place?

Should it happen again, what is the worst-case scenario of this incident?

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Why did this incident occur? Describe the immediate cause and all underlying (root) causes you can identify. Continue to ask "why" for at least 5 levels. Keep asking "why?" until you get to the root cause or causes.

1.

2.

3.

4.

5.

How can similar incidents be prevented in the future? (Include management, employee, equipment and environmental considerations.)

Date & Time of Investigation: _____

Supervisor Name: _____ **Title:** _____

Person responsible for ensuring that these corrective actions are completed:

Name: _____ **Title:** _____

Corrective actions to be completed by (date): _____

Safety Committee Follow-up:

Were the corrective actions adequate to prevent recurrence?

Yes No

Comments: _____

N/A

Will the corrective actions result in any new hazards?

Yes No

Comments: _____

N/A

Is there training, equipment, etc., that would prevent recurrence?

Yes No

Comments: _____

N/A