

ACCIDENT/INJURY INVESTIGATION AND ANALYSIS REPORT

NCS Form 007

To be completed within 72 hours of any lost time injury or equipment damage, including near misses.

GENERAL INFORMATION

- 1. Site/Location: _____ 2. Date of Report: _____ 3. Date of Accident: _____
- 4. Time of Accident: _____ 5. Day of Week: _____ 6. Name of Employee Involved: _____
- 7. Occupation: _____ Journeyman Apprentice 8. Yrs. Experience: _____
- 9. Foreman Name: _____ 10. Superintendent Name: _____
- 11. Task Assignment: _____ 12. How Long Assigned to Crew: _____
- 13. Specific Location of Accident: (e.g., Unit 5 Control Room) _____
- 14. Describe what task/job employee was performing: _____
- 15. Describe how the accident occurred: _____
- 16. What was employee doing exactly at the time of accident: _____

Injury Information

- 17. If an injury was caused, describe how it occurred: _____
- 18. Describe Injury: _____ Body Part Affected: _____
- 19. How many times, was task/job performed by employees before accident: _____

Training Information

- 20. Did employee receive training/instruction on how to perform the work: Yes No
 If yes, describe what training/instruction was given to employee: _____
 If no, explain why: _____
 Who was responsible for training/instructing the employee: _____
- 21. Was employee performing the task/job as trained/instructed: Yes No
 If no, what was the employee doing that was different: _____

Planning Information

- 22. Was a written work plan made for this task/job: Yes No If yes, attach a copy.
- 23. Was a job hazard analysis prepared: Yes No If yes, attach a copy.
- 24. If planning was not performed, explain why: _____
- 25. Was Safety Department involved in planning of task/job: Yes No
- 26. Was plan reviewed by Safety Department prior to implementation: Yes No

Tools and Equipment

- 27. What tools/equipment were planned for the task/job: _____
- 28. Were the proper tools/equipment used: Yes No. If no, what tool/equipment was substituted and why: _____
- 29. Was there a malfunction of the tool/equipment: Yes No. If yes. Describe: _____

30. Was PPE required for the task/job: Yes No. If yes, what PPE was required: _____

31. Was the PPE adequate for the task/job: Yes No. If no, what PPE should have been required: _____

Material Handling

32. Was lifting, pushing, or pulling required to perform the task/job: Yes No. If yes, how much weight: _____ lbs.

33. Did lifting, pushing, or pulling contribute to the accident/injury: Yes No. If yes, complete the following:

Which contributed: lifting pushing pulling

Was material being moved by employee alone: YES NO

Were other employees available to assist: Yes No. If yes, why did they not assist: _____

Was there a piece of equipment available to move material: Yes No. If yes, why was the equipment not used: _____

34. If employee incurred a strain/sprain, complete the following:

Has employee had any previous strain/sprain injuries: Yes No. If yes, describe type of injury and when: _____

Did employee experience any difficulty performing the task/job: Yes No. If yes, describe the difficulty: _____

Did employee experience any difficulty getting to or from the task/job location: Yes No. If yes, explain: _____

Work Surfaces

35. Did the work surface contribute to the accident (i.e., slippery, uneven): Yes No. If yes, explain: _____

36. Was access to the work area: Easy Difficult. If difficult, explain why: _____

37. Was adequate lighting provided: Yes No. If no, explain: _____

38. Was adequate ventilation provided: Yes No. If no, explain: _____

39. How was the housekeeping at the work location at time of accident: _____

Miscellaneous Information

40. Were hazardous substances involved: Yes No. If yes, what hazardous substances were involved: _____

41. Did accident involve another contractor/party: Yes No. If yes, name of other contractor/party: _____

42. Did other contractor/party contribute to accident: Yes No. Describe how they contributed: _____

43. Did another agency investigate this accident: Yes No. If yes, name of agency and address: _____

44. Did another contractor/party's employee get injured: Yes No. If yes, describe injury: _____

45. Was another contractor/party's property damaged as a result of this accident: Yes No. If yes, describe damage: _____

46. Estimate of damage to another contractor/party's property: \$ _____

47. Are there any other factors that could have contributed to the accident: Yes No. If yes, explain: _____

48. Was accident /injury caused by an unsafe act: Yes No. If yes, explain: _____

49. Were there any other unsafe conditions that contributed to the accident/injury: Yes No. If yes, explain: _____

Accident Analysis

50. After answering all previous questions and completing your investigation, it is now time to determine what contributed to the accident/injury. Review all previous questions and your investigation notes and place in the below boxes, what you have determined were possible contributors to the accident/injury. After listing the potential contributors, you will determine the potential root cause. This is achieved by asking the question "WHY" four times. The last "WHY" answer should be your potential root cause.

EXAMPLE:

Improper ladder used

- Why? Ladder too short.
- Why? Didn't believe had to climb that far.
- Why? Didn't look at job before start of work.
- Potential Root Cause? Didn't plan work.

- Why?
- Why?
- Why?
- Potential Root Cause?

- Why?
- Why?
- Why?
- Potential Root Cause?

- Why?
- Why?
- Why?
- Potential Root Cause?

Root Cause Verification

51. After determining potential root cause for the accident/injury, you must determine if it is a real root cause. This is determined by reversing the question process and instead of asking "WHY", ask the "WHICH CAUSED". If the potential root cause is real, you should easily return to the contributing factor. Potential root causes that cannot easily be returned to the contributing factor are not real root causes and are not to be used.

EXAMPLE:

| | |
|------------------------------|---|
| Potential root cause: | Didn't plan work. |
| Which caused: | Didn't look at job before start of work. |
| Which caused: | Didn't believe had to climb that far. |
| Which caused: | Ladder too short for job. |

(This potential root cause is real)

Potential root cause: _____
 Which caused: _____
 Which caused: _____
 Which caused: _____

Potential root cause: _____
 Which caused: _____
 Which caused: _____
 Which caused: _____

Potential root cause: _____
 Which caused: _____
 Which caused: _____
 Which caused: _____

Potential root cause: _____
 Which caused: _____
 Which caused: _____
 Which caused: _____

52. The root causes to this accident/injury have been determined to be:

1. _____

2. _____

3. _____

53. After determining the root causes for the accident/injury, determine action items to be implemented to prevent a similar accident/injury from happening. For each solution, assign a person responsible and a target completion date.

ACTION PLAN

| Action Item | Responsibility | Due Date |
|-------------|----------------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Report prepared by: _____ Date(s): _____

Investigating Team:

Reviewed by: _____ Date(s): _____

54. Additional notes, comments, and/or diagrams: