

Incident Investigation Report

Incident

Work Related Non-Work Related

1) Date: _____ 2) Job Site: _____ 3) Job #: _____

4) Superintendent: _____ 5) Foreman: _____

6) Type of Incident: Injury/Illness Near Miss Property Damage Vehicle Damage Fire
 Other* *If other please explain: _____

7) Class of OSHA Injury/Illness: First Aid Medical Only Recordable Lost Time
(Check all that apply) Indemnity Claim Catastrophe N/A

8) Injured Employee: _____ 9) Craft: _____ 10) Time on Job: _____

11) Property Damage Description: _____

12) Date of Incident: _____ 13) Time of Incident _____ AM/PM 14) Shift: 1 2 3

15) Day of Week: M T W Th F Sat Sun 16) Work Schedule (ex. 4-10s): _____

17) JSA Complete: Yes No 18) Site Specific Orientation Complete: Yes No

Injury/Illness Information (if applicable)

19) Specific Injury/Illness: _____ 20) Part of Body: _____

Description of Incident

21) Specific Incident Location (Column #, Line #, Unit, Floor, etc.): _____

22) Explain how incident occurred: (Describe sequence of events and include any objects or substances that directly caused the incident, injury or made the employee ill) _____

Cause Analysis

23) Direct Cause(s): (Check all that apply) Unsafe Act Lack of Communication Safety Procedure Violation
 Inattention to Task Improper lifting Contact With/By Lockout/Tagout Violation Lack of/Incorrect PPE
 Weather Improper Rigging Equipment/Techniques Unstable Objects Fall Hazard Electrical/Shock Hazard
 Unsafe Working Conditions Poor Housekeeping Mechanical Failure Walking/Working/Driving Surface
 Pinch Point(s) Struck By/Against Caught On/In Caught Between Slip/Trip/Fall Fatigue
 Sharp Edges/Protruding Objects Lighting/Visibility Hot Surfaces Temperature Other*

*If other is checked, please explain _____

24) Indirect Cause(s) (List additional factors that contributed to the incident): _____

Action Plan

25) Corrective Action (What steps have been taken to prevent re-occurrence of this type incident): _____

Completed By:

Name: _____ Title: _____ Date: _____

Site Manager/Supervisor:

Name: _____ Title: _____ Date: _____

Injured Employee: _____ Date: _____