

INCIDENT INVESTIGATION REPORT

BASIC ACCIDENT FACTS

INJURED EMPLOYEE: _____ DEPARTMENT: _____
LENGTH OF SERVICE - With County: _____ On This Job: _____ AGE: ____ SEX: M F
NATURE OF INJURY: _____
NATURE OF PROPERTY DAMAGE: _____
DATE & TIME -- Of Incident: _____ Reported: _____ Investigated: _____ This Report: _____
Explain if all dates are not the same: _____

INCIDENT DESCRIPTION: Describe exactly what happened, including exactly what the employee was doing and any extenuating circumstances: _____

CAUSATION FACTORS

JOB PROCEDURES: Describe job procedure issues which may have contributed to the incident. Are there established procedures? Did the employee follow prescribed procedure? Were unsafe acts involved? Was EE trained in safe procedures?

BEHAVIORAL FACTORS: Are there behavioral issues, such as lack of knowledge, disregard of instructions, inadequate training, emotional upset, or excessive haste, which may have contributed to the incident? _____

PHYSICAL CONDITIONS: At the incident scene, look at equipment, materials and the environment. Describe the conditions reviewed here or by checking boxes in the list below. Be sure to list any conditions needing corrective action. _____

BASED ON CONDITIONS OBSERVED, CHECK ONE BOX IN EACH ROW AND DESCRIBE ANY DEFICIENCIES:

Lighting	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Walking, working surfaces	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Housekeeping, congestion	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Machinery & equipment	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Layout	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Maintenance	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Noise	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Safety guards & equipment	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____

ERGONOMIC FACTORS AND MATERIALS HANDLING: Investigate any ergonomic or materials handling risks associated with the incident. Describe what you looked at and what you found:

"Fit" between employee and workstation, equipment, tools:

Excessive reaching (distance; repetition)	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Awkward postures	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Work surface (too high, too low, etc.)	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Tool design	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Chair design	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Lighting / glare	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Equipment design	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____

Repetitive motions:

Lifting, lowering	Repetitions/hr: _____ or /shift: _____	<input type="checkbox"/> Contributed to incident
Grasping	Repetitions/hr: _____ or /shift: _____	<input type="checkbox"/> Contributed to incident
Pinching	Repetitions/hr: _____ or /shift: _____	<input type="checkbox"/> Contributed to incident
Reaching above shoulder height	Repetitions/hr: _____ or /shift: _____	<input type="checkbox"/> Contributed to incident
Other reaching	Repetitions/hr: _____ or /shift: _____	<input type="checkbox"/> Contributed to incident
Bending, twisting	Repetitions/hr: _____ or /shift: _____	<input type="checkbox"/> Contributed to incident
Other: _____	Repetitions/hr: _____ or /shift: _____	<input type="checkbox"/> Contributed to incident

Materials Handling / Overexertion

Lifting, lowering	Object: _____	Weight: _____	Distance: _____	Repetitions: _____	<input type="checkbox"/> Contributed to incident
Lifting, lowering	Object: _____	Weight: _____	Distance: _____	Repetitions: _____	<input type="checkbox"/> Contributed to incident
Carrying	Object: _____	Weight: _____	Distance: _____	Repetitions: _____	<input type="checkbox"/> Contributed to incident
Pushing / pulling	Object: _____	Weight: _____	Distance: _____	Repetitions: _____	<input type="checkbox"/> Contributed to incident
Other: _____	Object: _____	Weight: _____	Distance: _____	Repetitions: _____	<input type="checkbox"/> Contributed to incident

SAFETY PROGRAMS/POLICIES/RULES: Are there contributing factors that safety policy, inspection, testing, training, authorization, rules, etc. could correct if implemented? _____

CORRECTIVE ACTIONS: Number each and state exactly what is to be done. Include responsibility assignment and expected completion date; when complete, check off and fill in completion date.

Rec.No.	Recommended Action	Who will complete?	By When?	Completed / Date
				<input type="checkbox"/> /
				<input type="checkbox"/> /
				<input type="checkbox"/> /
				<input type="checkbox"/> /
				<input type="checkbox"/> /
				<input type="checkbox"/> /
				<input type="checkbox"/> /

Report By: _____

Manager: _____

Date: _____

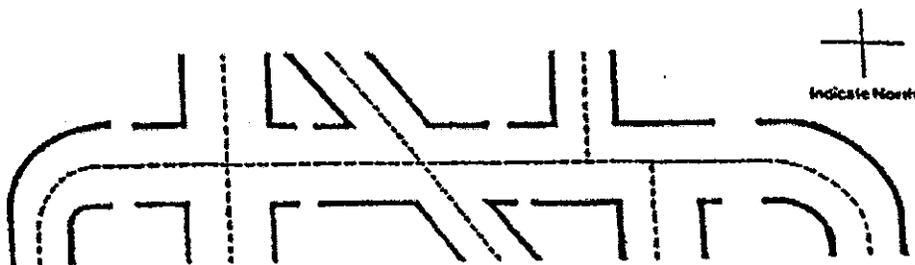
Date: _____

Accident causation factors. Check all that apply.

A N A L Y S I S	VEHICLE OPERATIONS	<input type="checkbox"/> 1 Road surface wet or icy	<input type="checkbox"/> 2 Failure to yield right of way	<input type="checkbox"/> 3 Unnecessary haste	<input type="checkbox"/> 4 Failure to follow standard operating procedures
		<input type="checkbox"/> 5 Poor road conditions	<input type="checkbox"/> 6 Failure to secure doors or cargo	<input type="checkbox"/> 7 Influence of alcohol or drugs	<input type="checkbox"/> 8 Following too close
		<input type="checkbox"/> 9 Unsafe condition of vehicle	<input type="checkbox"/> 10 Failure to use seat belt or shoulder harness	<input type="checkbox"/> 11 Physical limitation or mental attitude	<input type="checkbox"/> 12 Failure to observe traffic signals/signs
		<input type="checkbox"/> 13 Congested roadways	<input type="checkbox"/> 14 Operating vehicle without authority	<input type="checkbox"/> 15 Unaware of hazards	<input type="checkbox"/> 16 Failure to control vehicle
		<input type="checkbox"/> 17 Adverse visibility	<input type="checkbox"/> 18 Lack of skill or knowledge	<input type="checkbox"/> 19 Unsafe act of other	<input type="checkbox"/> 20 Other
BUILDING & GROUNDS	<input type="checkbox"/> 21 Unsafe floors, ramps, stairways	<input type="checkbox"/> 22 Inadequate fire extinguishers	<input type="checkbox"/> 23 Inadequate illumination	<input type="checkbox"/> 24 Blocked exits and hallways	
	<input type="checkbox"/> 25 Improper supply storage	<input type="checkbox"/> 26 Fire or explosion hazards	<input type="checkbox"/> 27 Inadequate ventilation	<input type="checkbox"/> 28 Unmarked exits	
	<input type="checkbox"/> 29 Inadequate warning system	<input type="checkbox"/> 30 Poor housekeeping	<input type="checkbox"/> 31 Tripping hazard	<input type="checkbox"/> 32 Other	
BASIC CAUSES	<input type="checkbox"/> 33 Inadequate hiring standards	<input type="checkbox"/> 34 Inadequate supervision	<input type="checkbox"/> 35 Inadequate preventive maintenance	<input type="checkbox"/> 36 Inadequate policies/procedures	
	<input type="checkbox"/> 37 Lack of proper job procedures	<input type="checkbox"/> 38 Inadequate vehicle inspection standards	<input type="checkbox"/> 39 Improper layout or design of work area	<input type="checkbox"/> 40 Inadequate job planning	
	<input type="checkbox"/> 41 Inadequate enforcement of work standards	<input type="checkbox"/> 42 Inadequate driver training	<input type="checkbox"/> 43 Other:		

MOTOR VEHICLE DIAGRAM

For accidents involving motor vehicles, complete the following diagram showing direction & positions of vehicles involved, designating clearly point of contact.



INSTRUCTIONS:

1. Show vehicles and direction of travel

YOUR VEH. OTHER VEH.

2. Use solid line to show path of each vehicle before accident dotted line after accident

CORRECTION ACTION COMPLETED BY:	DATE
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