Incident
Investigation Report

Company XYZ

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

|  |
| --- |
| **EMPLOYEE INFORMATION** |
| *Name (first and last):* | *Employee job title:* |
| *Employee department:* | *Supervisor name and job title:* |
| *Body parts the employee claims were injured (check all that apply):* | [ ]  Arm [ ]  Face [ ]  Torso[ ]  Back [ ]  Feet [ ]  Legs[ ]  Buttock [ ]  Hands [ ]  Thighs[ ]  Chest [ ]  Head [ ]  Other: \_\_\_\_\_\_\_\_[ ]  Other: \_\_\_\_\_\_\_\_\_ [ ]  Other: \_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **INCIDENT INFORMATION** |
| *Date:* | *Location of the alleged incident:* |
| *Time:* |
| *Manager on duty:* | *Date incident was reported:* |
| *Description of the incident (list any property damage if applicable):***If possible, have the employee recreate the incident.** |

|  |
| --- |
| **WITNESSES** |
| *Name:* | *Contact info (phone, email):* | *Address:* | *Employee?*[ ]  Yes [ ]  No |
| *Name:* | *Contact info (phone, email):* | *Address:* | *Employee?*[ ]  Yes [ ]  No |
| *Name:* | *Contact info (phone, email):* | *Address:* | *Employee?*[ ]  Yes [ ]  No |

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