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).**

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

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| **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: \_\_\_\_\_\_\_\_\_ |

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| **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.** | |

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| **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 |

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| **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: \_\_\_\_\_\_\_\_\_ |

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| **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:* |

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| **ROOT CAUSE NARRATIVE** |
| *Based on your analysis, describe what caused the incident:* |

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| **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** |
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**Report Completed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Report:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_