

Workplace Incident Investigation Form

Incident Information						
Date of Acciden	t	Time	Location	Incident Type:		
Injury Type:	🗆 Fi	rst Aid	□ Medical Aid □ Me	odified Work 🛛 Lost Time 🖓 Fatality		

INJURED PERSON					
Name of Person:			Age:	Phone:	
Length of Employmer	nt:	Job Title:			
Nature of Injury	□ Bruising	□ Dislocation	\Box Other (specify)	Injured Part of the Body	
□ Strain/Sprain	□ Scratch/Abrasion	□ Internal			
□ Fracture	□ Amputation	Foreign Body	Remarks:		
□ Laceration/Cut	□ Burn/Scald	□ Chemical Reaction			
Treatment	Name and Treatment of Treating Physician or Facility				
🗆 First Aid					
□ Emergency Room					
□ Dr.'s Office					
□ Hospitalization					

DAMAGED PROPERTY	
Property, Equipment, or Material Damaged	Describe Damage
Object or Substance Inflicting Damage	

Describe what happened (attach photographs if necessary)

Unsafe Acts	Unsafe Conditions	Management Deficiencies
Improper work technique	Poor workstation design or layout	Lack of written procedures or policies
Safety rule violation	Congested work area	Safety rules not enforced
Improper PPE or PPE not used	Hazardous substances	Hazards not identified
Operating without authority	Fire or explosion hazard	PPE unavailable
Failure to warn or secure	Inadequate ventilation	Insufficient worker training
Operating at improper speeds	Improper material storage	Insufficient supervisor training
By-passing safety devices	Improper tool or equipment	Improper maintenance
Guards not used	Insufficient knowledge of job	Inadequate supervision
Improper loading or placement	Slippery conditions	Inadequate job planning
Improper lifting	Poor housekeeping	Inadequate hiring practices
Servicing machinery in motion	Excessive noise	Inadequate workplace inspection
Horseplay	Inadequate guarding of hazards	Inadequate equipment
Drug or alcohol use	Defective tools/equipment	Unsafe design or construction
Unnecessary haste	Insufficient lighting	Unrealistic scheduling
Unsafe act of others	Inadequate fall protection	Poor process design
Other:	Other:	Other:



INCIDENT ANALYSIS

Using the root cause analysis list on the previous page, o	explain the cause(s) of the incident in as much detail as possible.
How bad could the accident have been?	What is the chance of the accident happening again?
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□ Very Serious □ Serious □ Minor	□ Frequent □ Occasional □ Rare
□ Very Serious □ Serious □ Minor	□ Frequent □ Occasional □ Rare
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EMPLOYEE RECOMMENDATIONS TO PREVENT RECURRENCE



INCIDENT/ACCIDENT DIAGRAM

escribe actions that will be taken to prevent recurrence	Deadline	By Whom	Complete

INVESTIGATING TEAM					
Signature	Name	Position			