Company Name/Logo:

☐ Injury
☐ Incident
☐ Equipment/Property Damage
☐ Close Call / Near Hit

Incident Reporting and Investigation Form

Fill Out All Blocks. Be as specific as possible and include drawings, photos, additional narrative, as needed.	Building:	CP:

SUPERVISOR CONTACT INFORMATION

Reporting Supervisor / Investigator Name:	Title:	Directorate / Dept:	Ext:	Mailstop:

Date of Incident: (mo/day/yr)	Time of Incident: ☐a.m. ☐p.m.	Time of Report: ☐a.m. ☐p.m.	Date of Report: (mo/day/yr)

Contractor involved? If yes, name and contact information:

INJURED PARTY

If no injury, check box and skip this section. ☐ No injury	Injured Party's Name & Title:	Injured Party's Contact Information:

Nature of Injury/Illness:			**Treatment:**	**Name & Address of Treating Dr. / Facility**
☐Strain/Sprain	☐Dislocation	☐Heat Related Illness	☐First-Aid	
☐Fracture	☐Internal	☐Other (Specify)	☐E. R.	
☐Laceration/Cut	☐Burn/Scald		☐Dr.'s Office	
☐Bruising	☐Foreign Body		☐Hospital Stay	**Remarks:**
☐Scratch/Abrasion	☐Chemical Reaction	**Body Part Injured(s):**		
☐Amputation	☐Allergic Reaction			
	☐Concussion			

WITNESSES AND/OR WITNESS STATEMENT

Witnesses *(name and contact information)*	Witness statement attached? ☐ Yes ☐ No

PROPERTY DAMAGE

List property / material damaged *(use control numbers if available):*	Nature of damage:
Object / substance inflicting damage:	Approximate cost:

THE INCIDENT (Use Additional Paper as Needed, Reference Below and Attach)

Describe what happened. (Investigate scene of incident or conditions. Describe who was involved, when and where the incident happened, what happened, and how.)

Company Name/Logo:

Incident Reporting and Investigation Form

Why did it happen? (Root Cause Analysis) (What was the root cause of the incident, i.e., actually caused the illness, injury, or incident?)

Unsafe Acts	Unsafe Conditions	Management System Deficiencies
☐Improper Work Technique	☐Poor Workstation Design or Layout	☐Lack of Written Procedures or Safety Rules
☐Improper PPE, Not Used or Used Incorrectly	☐Fire or Explosion Hazard	☐Safety Rules Not Enforced
☐Safety Rule Violation	☐Congested Work Area	☐Hazards Not Identified
☐Operating Without Authorization	☐Hazardous Substances	☐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 Job Knowledge	☐Inadequate Supervision
☐Improper Loading or Placement	☐Slippery Conditions	☐Insufficient Job Planning
☐Improper Lifting	☐Poor Housekeeping	☐Inadequate Hiring Practices
☐Servicing or Adjusting Machinery in Motion	☐Excessive Noise	☐Poor Process Design
☐Horseplay	☐Inadequate Guarding of Hazards	☐Inadequate Workplace Inspections
☐Drug or Alcohol Use	☐Defective Tools/Equipment	☐Inadequate Equipment
☐Unsafe Act(s) of Others	☐Insufficient Lighting	☐Unsafe Design or Construction
☐Unnecessary Haste	☐Inadequate Fall Protection	☐Unrealistic Scheduling
☐Other:	☐Other:	☐Other:

List immediate actions taken and results.

What should be done to prevent a recurrence? (Be specific as to what would prevent the injury, incident or damage from occurring again)

CORRECTIVE ACTIONS TRACKING (All Blocks Must be Filled In and Information Verifiable)

List action(s) that have or will be taken to prevent a recurrence.	Assigned To Whom	Scheduled Completion Date	Actual Completion Date	Follow-up Date

Company Name/Logo:

Incident Reporting and Investigation Form

JOB HAZARD ANALYSIS REVIEW

Is there a JHA that applies to the **task** being performed when the injury or incident occurred? ☐ Yes ☐ No
If yes, review the JHA, answer the following questions, and attach a copy to this report.
If no, please explain why the JHA was not required for the task.

Were hazards sufficiently identified? If not, please explain. ☐ Yes ☐ No

Were identified controls adequate and implemented? If not, please explain. ☐ Yes ☐ No

Were the identified controls not implemented? If not, please explain. ☐ Yes ☐ No

INVESTIGATION TEAM *(Print and Sign)*

Signature	Name	Title

cc:

Attachments