Incident Type (select one):

|  |  |
| --- | --- |
| * First Aid | * Near Miss |
| * Recordable | * Property Damage |
| * Lost Time | * Environmental / Spill |

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| --- | --- |
| **GENERAL INFORMATION** | |
| Severity Level: | * 1-Minor * 2-Moderate * 3-Major * 4-Critical |
| SIF (Serious Injury or Fatality): | * SIF Actual * SIF Potential * N/A |
| Location of Event: |  |
| Date Added: |  |
| Date & Time of Event: |  |
| Time of Day | * Morning * Afternoon * Evening |
| Description of Event: |  |
| Employer(s) Involved: |  |
| Workers: |  |
| Site Conditions: |  |
| Weather: |  |
| Was a PTP Completed: |  |
| Were Policies Violated? (Provide Details) |  |
| Related Hazard (select all that apply)? | * Caught In / Between * Chemical * Electrical * Environmental * Ergonomic (Repetitive Motion) * Exposure * Fall * Heat / Fire / Explosion * Impalement * Overexertion * Radiation * Respiratory * Sharp Edges * Slip * Struck By * Trip * Violence * N/A |

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| **INJURY DETAILS** | |
| Did the Incident Involve an Injury? | * Yes * No |
| Injured Person Type: |  |
| Employer of Injured Person: |  |
| Injured Person Name: |  |
| Shift Start Time: |  |
| Shift End Time: |  |
| Shift Arrangement: | * Fixed * Rotating |
| Was the shift longer than 8 hours? | * Yes * No |
| Main Tasks Performed: |  |
| Date and Time of Injury: |  |
| Nature of Injury: |  |
| Comments on Nature of Injury: |  |
| Bodily Location of Injury: |  |
| Comments on Bodily Location: |  |
| Description of Injury: |  |
| Employee Taken to Hospital, Occupational Clinic, or Other | * Yes * No |
| Name of Clinic/Medical Center: |  |
| Upload Copy of Restrictions (if applicable): |  |
| Upload Copy of Work Release (if applicable): |  |
| If Recordable, what makes this a recordable injury? |  |

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| **WITNESSES** | |
| Were there any witnesses? | * Yes * No |
| Witness Name & Employer: |  |
| What did they see? |  |
| Attach witness statement(s) if applicable: | \*Attach to final report |

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| **INCIDENT CAUSAL FACTORS** | |
| Contributing ACTIONS: | |
| What actions caused or contributed to the incident? (select all that apply) | * Operating without necessary training * Failure to make secure * Operating at unsafe speed * Inadequate warning/signal * Nullified safety device * Used defective equipment * Used equipment unsafely * Used wrong tool/equipment * Equipment not at zero energy state * Riding hazardous equipment * Improper position/posture * Influenced by distraction * Inadequate protective equipment * Standard procedure deviation * Other contributing action * No contributing action determined |
| If Other is selected: |  |
| Details on contributing actions: |  |
| What caused or influenced above contributing actions? | * Unaware of job hazards * Inattention to hazard * Unaware of safe method * Low level job skill * Tried to save or gain time * Tried to avoid extra effort * Tried to avoid discomfort * Influence of emotions * Influence of fatigue * Influence of intoxicant/drugs * Defective vision/hearing * Influence of illness * Other factors * Unknown factors |
| If Other is selected: |  |
| Contributing CONDITIONS | |
| What conditions of tools, equipment, or job site caused or contributed to the incident? | * Inadequate guard/safety device * Hazardous attire * Inadequate warning system * Fire or explosion hazard * Unsecured against movement * Poor housekeeping * Protruding object hazard * Close clearance/congestion * Hazardous arrangement/storage * Defective tools/equipment * Atmospheric condition * Illumination/noise hazard * Other unsafe condition * No unsafe condition |
| If Other is selected: |  |
| Details on contributing conditions: |  |
| What caused or influenced above contributing conditions? | * Caused by employee * Caused by another employee * Defective from normal use * Defective via abuse/misuse * Inadequate safety inspection * Inadequate housekeeping/cleanup * Faulty design/construction * Other contractor * Inadequate preventative maintenance * Purchasing process * Deteriorating exposure * Management acceptance * Other source cause * Unknown source cause |
| If Other is selected: |  |
| Root Cause of Incident | |
| Select All Root Causes that Apply: | * Equipment / Material Issue * Procedural Issue * Personnel Error * Design Problem * Training Deficiency * Management Problem * External Phenomenon |
| Equipment / Material Issue: | * Defective or failed part * Defective or failed material * Defective weld, braze, or soldered joint * Manufacturer shipping or marking error * Electrical or instrument noise * Contaminant * End of life failure (equipment or material) |
| Procedural Issue: | * Defective or inadequate procedure * Lack of procedure |
| Personnel Error: | * Inadequate work environment * Inattention to detail * Procedure not used or used incorrectly * Communication problem * Other human error |
| Design Problem: | * Inadequate person/machine interface * Inadequate or defective design * Error in equipment or material selection * Drawing, specification, or data error |
| Training Deficiency: | * No training provided * Insufficient practice or hands on experience * Inadequate content * Insufficient refresher training * Inadequate presentation or materials |
| Management Problem: | * Inadequate administrative control * Work organization/planning deficiency * Inadequate supervision * Improper resource allocation * Policy not adequately defined, disseminated, or enforced * Other management problem |
| External Phenomenon: | * Weather or ambient condition * Power failure or transient * External fire or explosion * Theft, tampering, sabotage, or vandalism * Other |

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| --- | --- |
| **LOST TIME INCIDENT** | |
| Date Lost Time Began: |  |
| Date Lost Time Ended: |  |
| Total Days Lost: |  |

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| --- | --- |
| **NEAR MISS** | |
| Is Near Miss? | * Yes * No |
| Company Effected: |  |
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| **PROPERTY DAMAGE** | |
| Company Affected: |  |
| Employer in Charge of Equipment: |  |
| Description: |  |
| Equipment Involved: | |  | | --- | | * Mobile Elevated Work Platform (MEWP) | | * Crane | | * Earth Moving Equipment | | * Forklift | | * Materials Hoist | | * Scaffolding | | * Truck | | * Stationary Powered Equipment | | * Fire Extinguisher | | * Ladder | | * Fall Protection | | * First Aid Kit | | * AED | | * Rigging | |
| Damage Type: | * Dropped Object * Electrical * Equipment Failure * Equipment vs. Building * Equipment vs. Equipment * Equipment vs. Material * Equipment vs. Product * Equipment vs. Utility * Fire * Improper Demo |

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| --- | --- |
| **CORRECTIVE ACTIONS** | |
| What steps have been taken to prevent future occurrence? |  |
| Are Corrective Actions Required: | * Yes * No |
| Description of Corrective Action: |  |
| Assigned To: |  |
| Due Date: |  |

*Incident Photos: Include a tablular subform for incident photos*

Upload all relevant documentation in the attachments section below. Documentation including, but not limited to, JHAs, Permits, Training Records, etc.