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 |

|  |
| --- |
| **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: |  |

|  |
| --- |
| **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
 |

|  |
| --- |
| **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.