

**APPENDIX 1.2, ATTACHMENT 7.1**

**REPORTING OCCUPATIONAL INJURIES & ILLNESSES**

**INCIDENT INVESTIGATION FORM**

INJURY <input type="checkbox"/> ILLNESS <input type="checkbox"/> NEAR MISS <input type="checkbox"/> FIRST AID <input type="checkbox"/>		INCIDENT DATE	DATE INCIDENT REPORTED	
PROPERTY DAMAGE <input type="checkbox"/> CHEMICAL SPILL <input type="checkbox"/> VEHICLE INVOLVED <input type="checkbox"/>				
ASSOCIATE NAME (LAST, FIRST, MI)		SOCIAL SECURITY	DATE OF HIRE	
DEPT./SHIFT/TIME		JOB TITLE	SUPERVISOR	
NATURE OF INJURY/ILLNESS		INJURED BODY PART	BODY SIDE L <input type="checkbox"/> R <input type="checkbox"/> BOTH <input type="checkbox"/>	
ASSOCIATE TIME IN JOB <input type="checkbox"/> Permanent Assignment <input type="checkbox"/> Temporary Assignment	CHEMICAL/ AGENT SPILLED/ RELEASED	DAMAGED EQUIPMENT (LIST)		
INCIDENT DESCRIPTION (Detailed account including location, activities and people involved when incident occurred.)				
HAS THERE BEEN A SIMILAR PREVIOUS INCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF "YES", STATE WHEN AND BRIEFLY DESCRIBE.)				
DIRECT CAUSE (S) - (Why #1 Make selection from reverse side)				
DIRECT CAUSE (S) - (Why #2 Make selection from reverse side)				
ROOT CAUSE (S) - (Why #3 Make selection from reverse side)				
ROOT CAUSE (S) - (Why #4 Make selection from reverse side)				
CORRECTIVE ACTIONS:		PERSON RESPONSIBLE	TARGET DATE	DATE COMP
HAVE YOU TAKEN THE NECESSARY ACTIONS TO PREVENT A RECURRENCE?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
ASSOCIATE: _____	DATE: _____	EHS: _____	DATE: _____	
SUPERVISOR: _____	_____	MANAGER: _____	_____	

Copies: Original to Human Resources, Copy to Supervisor, Copy to Dept. Manager

The above corrective actions have been completed: \_\_\_\_\_ Date \_\_\_\_\_  
(Supervisor)

**Direct Causes**

*(Unsafe workplace conditions or unsafe behaviors of people which cause/contribute to an incident)*

<b>Unsafe Conditions</b>	<b>Unsafe Acts</b>
01 Not Secured Against Moving	17 Taking Awkward Position
02 Unguarded/Inadequate Guarding	18 Defeating Safety Devices
03 Defective Tool/Equipment/Structure	19 Failure to De-Energize/Secure
04 Poor Housekeeping/Congestion	20 Failure to Follow Rules/Procedures
05 Awkward Position	21 Not Using as Intended
06 Improper Design of Equipment	22 Operating at Unsafe Speed
07 Sharp Objects	23 Operating without Authorization
08 Natural Disaster	24 Using Improper/Unsafe Equipment
09 Inadequate Lighting	25 Improper Loading/Placement
10 Uncontrolled Health Hazard	26 Exertion Beyond Capacity
11 Fire/Explosion Hazard	27 Failure to Communicate Hazard
12 Repetitive Motion	28 Horseplay/Distraction
13 Unsafe Driving Condition	29 Failure to use/Improper PPE
14 Personal/Medical Condition	30 Other _____ (Describe)
15 Weather	
16 Other _____ (Describe)	

**Root Causes**

*(Deficiencies in the System which cause/contribute to an incident)*

01 Hazard Not Recognized/Perceived	11 Rules/Procedures Not Established
02 Hazard Known but Perceived to be Low Risk Hazard	12 Rules/Procedures Inadequate to Eliminate
03 Control Measures Not Prescribed	13 Rules/Procedures Not Enforced
04 Control Measures Inadequate to Prevent Hazard	14 Inspections/Audits Not Performed
05 Control Measures Not Fully/Inadequately Implemented	15 Inspections/Audits Inadequate to Identify Hazards
06 Training Not Performed	16 No Corrective Action Taken
07 Training not Understood	17 Corrective Action Inadequate to Eliminate Hazard
08 Training Not Consistent With Hazard	18 Rules/Procedures Not Followed
09 Hazard Not Communicated	19 Investigations Not Performed
10 Communication Inadequate to Eliminate Hazard	