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**INCIDENT INVESTIGATION REPORT**

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| Date of injury: \_\_\_ | Time of injury: \_\_\_ | Date and time of investigation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **WHO** was injured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **WHO** else was involved in the incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **WHO** witnessed the incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **WHAT** was the employee doing when injured? |
| **WHAT** equipment, process or activity not described above may be related to the incident? |
| **WHERE** did the incident take place? |
| **WHAT** is the specific injury? (include body part(s) and severity) |

- Continued on back –

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| **WHY** did this injury occur to this person at this time? Describe immediate cause and all underlying (root) causes you can identify. Continue to ask "why" for at least 5 levels of identified causes.**1.****2.****3.****4.****5.** |
| **HOW** can similar incidents be prevented in the future? (include management, employee, equipment and environmental considerations) |
| Name and title of investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Safety Committee Follow-up:** What preventive measures were put in place to permanently avoid recurrence of similar incidents? |