**Incident Investigation Report**

\*Use this form to meet the compliance requirements of WAC 296-800-32025

(This form is an example, modify it as needed.)

**Instructions**: Incident investigators complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness*.)

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| This is an investigation report of a:  ❑ Close Call (“Near Miss”)  ❑ First Aid Only  ❑ Dr. Visit Only  ❑ Lost Time  ❑ Death | Did injured employee submit a Report of Injury, Illness, or Close Call?  ❑ Yes  ❑ No |

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| **Step 1: Injured employee (complete this part for each injured employee)** | | | |
| Name: | Sex: ❑ Male ❑ Female | | Age: |
| Department: | Job title at time of incident: | | |
| Part of body affected: (shade all that apply)  Body Diagram | Nature of injury: (most serious one)  ❑ Abrasion, scrapes  ❑ Amputation  ❑ Broken bone  ❑ Bruise  ❑ Burn (heat)  ❑ Burn (chemical)  ❑ Concussion (to the head)  ❑ Crushing injury  ❑ Cut, laceration, puncture  ❑ Eye injury  ❑ Hernia  ❑ Illness  ❑ Sprain, strain  ❑ Damage to a body system (e.g., nervous, respiratory, or circulatory systems):  ❑ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | This employee works:  ❑ Regular full time  ❑ Regular part time  ❑ Seasonal  ❑ Temporary | |
| Years/months with  this employer: | |
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| Years/months doing  this job: | |
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| **Step 2: Describe the incident** | | | | | |
| Incident Date: | | Exact location of the incident: | | | Exact time: |
| What part of employee’s workday?  ❑ Entering or leaving work  ❑ Doing normal work activities  ❑ During meal period  ❑ During break  ❑ Working overtime  ❑ Other | | | | | |
| Names of witnesses (if any): | | | | | |
| Number of attachments: | Written witness statements: | | Photographs: | Maps / drawings: | |
| What personal protective equipment was being used (if any)? | | | | | |
| Describe step by step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.    Description continued on attached sheets: ❑ | | | | | |

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| **Step 3: Why did the incident happen?** | | |
| Unsafe workplace conditions:(Check all that apply)  ❑ Inadequate guard  ❑ Unguarded hazard  ❑ Safety device is defective  ❑ Tool or equipment defective  ❑ Workstation layout is hazardous  ❑ Unsafe lighting  ❑ Unsafe ventilation  ❑ Lack of needed personal protective equipment  ❑ Lack of appropriate equipment / tools  ❑ Unsafe clothing  ❑ No training or insufficient training  ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Unsafe acts by people:(Check all that apply)  ❑ Operating without permission  ❑ Operating at unsafe speed  ❑ Servicing equipment that has power to it  ❑ Making a safety device inoperative  ❑ Using defective equipment  ❑ Using equipment in an unapproved way  ❑ Unsafe lifting by hand  ❑ Taking an unsafe position or posture  ❑ Distraction, teasing, horseplay  ❑ Failure to wear personal protective equipment  ❑ Failure to use the available equipment / tools  ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Unsafe environment? (Check all that apply)  ❑ Light  ❑ Dark  ❑ Indoors  ❑ Outside  ❑ Uneven ground  ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Visibility (fog or shadows)  ❑ Windy  ❑ Wet  ❑ Heat  ❑ Cold weather or ice | |
| Why did the unsafe conditions exist? | | |
| Why did the unsafe acts occur? | | |
| Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? ❑ Yes ❑ No  If yes, describe: | | |
| Were the unsafe acts or conditions reported prior to the incident? ❑ Yes ❑ No | | |
| Have there been similar incidents or near misses prior to the incident? ❑ Yes ❑ No | | |

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| **Step 4: How can future incidents be prevented?** |
| What corrective action(s) do you suggest to prevent this incident/near miss from happening again?  ❑ Stop this activity ❑ Write a new policy/rule  ❑ Guard the hazard ❑ Enforce existing policy  ❑ Train the employee(s) ❑ Routinely inspect for the hazard  ❑ Train the supervisor(s) ❑ Personal Protective Equipment  ❑ Redesign task steps ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Redesign work station |
| What should be (or has been) done to carry out the suggestion(s) checked above?  Description continued on attached sheets: ❑ |

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| **Step 5: Who completed and reviewed this form? (Please Print)** | | |
| Written by: | Title: | |
| Department: | Date: | |
| Names of investigation team members: | | |
| Manager review by: | | Date: |
| Manager comments: | | |
| Safety Director review by: | | Date: |
| Safety Director comments: | | |