

Describe how the event occurred:

Immediate causes: What substandard acts/practices and conditions caused or could cause the event? See end of form.

Basic causes: What specific personal or job/system factors caused or could cause this event? See end of form.

Corrective actions: What has and/or should be done to control the causes listed?

PREVENTION OF ACCIDENT/INCIDENT RECURRENCE

Describe what action is planned or has been taken to prevent a recurrence of the accident/incident, based on the key contributing factors:

Immediate: _____

Long term: _____

Signed by the Supervisor: _____ Signed by the person involved: _____

Signed by the Senior Manager: _____

Investigation completed by: _____ Date: _____

REPORT FORM DEFINITIONS

INJURY: physical harm or damaged to a person.

ILLNESS: unhealthy condition in mind or body.

FIRST AID INJURY: a minor injury requiring only first aid treatment.

MEDICAL AID INJURY: an injury requiring treatment by a health care professional.

LOST TIME INJURY: a disabling injury where the injured person is unable to report for the next regular shift.

RECURRENCE: an accident or incident which has occurred more than once.

PROPERTY DAMAGE ACCIDENT: accidental loss to equipment, material, and/or the environment.

INCIDENT (NEAR-MISS): an undesired event that, under slightly different circumstances, could have resulted in personal i property damage or loss.

IMMEDIATE CAUSES (check all as appropriate)

Substandard Acts/Actions	Substandard Conditions
<input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Failure to warn <input type="checkbox"/> Failure to secure <input type="checkbox"/> Operating at improper speed <input type="checkbox"/> Making safety devices inoperable <input type="checkbox"/> Removing safety devices <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Failure to use PPE <input type="checkbox"/> Improper loading <input type="checkbox"/> Improper placement <input type="checkbox"/> Improper lifting <input type="checkbox"/> Improper position for task <input type="checkbox"/> Servicing equipment in operation <input type="checkbox"/> Horseplay <input type="checkbox"/> Under influence of alcohol and/or other substances	<input type="checkbox"/> Inadequate guards or barriers <input type="checkbox"/> Inadequate or improper protective equipment <input type="checkbox"/> Defective tools, equipment or materials <input type="checkbox"/> Congestion or restricted action <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Fire and explosion hazard <input type="checkbox"/> Poor housekeeping, disorder <input type="checkbox"/> Hazardous environmental conditions, gases, smoke, dusts, fumes <input type="checkbox"/> Noise exposure <input type="checkbox"/> Radiation exposure <input type="checkbox"/> High or low temperature exposure <input type="checkbox"/> Inadequate or excess illumination <input type="checkbox"/> Inadequate ventilation

BASIC CAUSES (check all as appropriate)

Personal Factors	Job Factors
<input type="checkbox"/> Inadequate capability <input type="checkbox"/> Lack of knowledge/training <input type="checkbox"/> Lack of skill <input type="checkbox"/> Stress <input type="checkbox"/> Improper motivation	<input type="checkbox"/> Inadequate leadership/supervision <input type="checkbox"/> Inadequate engineering <input type="checkbox"/> Inadequate purchasing <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate tools/equipment <input type="checkbox"/> Inadequate work standards <input type="checkbox"/> Wear and Tear <input type="checkbox"/> Abuse and/or misuse