□ Near Miss□ Property Damage□ Medical/First Aid□ Lost Time	Company Injury, Accident, Incident Investigation Form		Drug/Alcohol Test Done? Yes		
☐ Safety Violation	Name of Investigator:		No		
I. Injury Causative Factors: Was the employee(s)	Employee Name:	Position:	Hire Date		
following company rules/procedures?	Date/Time of Incident	Date first reporte	d		
If <u>no</u> , was the incident because of:	Supervisor	Department			
□ Lack of training?□ Not paying attention?	Witnesses:				
☐ Acting as per employee common practice?	Incident location				
☐ Exceeding their physical capacity?	Describe Injury (Nature of Inju	ry/Part of body)			
☐ Using wrong equipment?☐ Taking a short cut?	2. Describe Incident Fully (what happened?)				
☐ Willful misconduct?☐ Other?					
If yes , was the incident the result of:	3. Identify injury causative factor	<u> </u>			
☐ Equipment failure? ☐ Wrong tools?					
□ Poor procedures?□ Workplace conditions?□ Repetitive stress					
(ergonomic factors)? Poor equipment guarding?	4. Identify reason for causative factor (for example, why did tool fail or why was training				
□ Poor maintenance? □ Poor lighting?	inadequate?):				
☐ Unidentified or uncorrected workplace hazards?					
☐ Unfamiliar surroundings/offsite injury?	5 What specific action should be	or has been taken to correctidenti	fied reasons (#A) and prevent		
II. Injury Reason Factors:	•	be a specific action taken to preven			
☐ Ina dequate rule enforcement?					
☐ Lack of relevant, frequent enough, or sufficient training					
☐ Lack of hazard identifying or correction procedures	Who is responsible for corrections:	Target Completion Date:	Actual Completion Date:		
☐ Lack of line supervisor involvement					
☐ Plant or equipment layout ☐ Lack of supervisor and or					
employee a ccountabilityLack of employee involvement	Signature of Investigator:		Date:		
☐ Poor tool purchasing and or maintenance	(Attach additional sheets as necessary to answer number 1-5 above, and/or to include diagrams or pictures)				
☐ Lack of appropriate safety signs or other reminders	Owen-Dunn Insurance Services License #0M07762 (form version 7-2018)				

Company Incident Investigation Form

Employee Incident Investigation Report (to be filled out by involved employee)

·	noyee incluent investigation kepoi	t (to be filled out by involve	ed employee)
I. Injury Causative Factors:	Franksissa Namas	Danisian	Hina Data
Was the employee(s)	Employee Name:	Position:	Hire Date
following company	Date/Time of Incident	Date first reported	
rules/procedures?	bate/ fine of merdent	_ Date instreported	
If no, was the incident	Supervisor	Department	
because of:		- · <u></u>	
☐ Lack of training?	Witnesses:		
☐ Not paying attention?			
☐ Acting as per employee	Incident location		
common practice?			
Exceeding their physical capacity?	Describe Injury (Nature of Injury/Part of body)	
☐ Using wrong equipment?			
☐ Taking a short cut?			
☐ Chose to not follow rules?	Describe Incident Fully (what happened?)		
☐ Other?	2. Beschibe merdener arry (what happened.)		
If we was the incident the			
If yes, was the incident the result of:			
☐ Equipment failure?			
☐ Wrong tools?			
☐ Poor procedures?			
☐ Workplace conditions?			
Repetitive stress	3. Identify injury causative factor:		
(ergonomic factors)?			
\square Poor equipment guarding?			
☐ Poor maintenance?			
☐ Poorlighting?			
□ Unidentified or			
uncorrected workplace			
hazards?	4. Identify reason for causative factor (for exam	ple. why did tool fail or wh	ny was training
surroundings/offsite	inadequate?):	· · · · · · · · · · · · · · · · · · ·	=
injury?	macquate.)		
II. Injury Reason Factors:			
	· 		
☐ Inadequate rule enforcement?			
☐ Lack of relevant, frequent			(i)
enough, or sufficient	5. What specific action should be or has been tal	ken to prevent reoccurren	ce (there must <u>always</u> be a
training	specific action taken to prevent reoccurrence)?		
☐ Lack of hazard identifying			
or correction procedures			
☐ Lack of line supervisor			
involvement	·		
☐ Plant or equipment layout			
☐ Lack of supervisor and or employee accountability			
☐ Lack of employee			
involvement			
☐ Poor tool purchasing and			
ormaintenance	Employee Signature:	Date:	
☐ Lack of appropriate safety			
s igns or other reminders	Owen-D	unn Insurance Services License	#0M07762 (form version 7-2018)

Company Injury, Accident, Incident Investigation Form

Witness Incident Investigation Report (to be filled out by witness)

I later Constitut France		<u> </u>			
I. Injury Causative Factors:	Witness Name:	Position:	Hire Date		
Was the employee(s) following company					
rules/procedures?	Date/Time of Incident				
If no, was the incident	Any other witnesses:				
because of:	La et deux la casta a				
☐ Lack of training?	incidentiocation				
□ Not paying attention?	Describe Injury or property damage(Nature of Injury/Part of body)				
☐ Acting as per employee common practice?					
Exceeding their physical capacity?					
☐ Using wrong equipment?	2. Describe Incident Fully (what happened?)				
☐ Taking a short cut?					
☐ Willful misconduct?					
□ Other?					
If yes, was the incident the result of:					
☐ Equipment failure?					
☐ Wrong tools?					
☐ Poor procedures?					
☐ Workplace conditions?	3. Identify incident causative fa	ctor:			
☐ Repetitive stress					
(ergonomic factors)?□ Poor equipment guarding?					
□ Poor maintenance?					
□ Poorlighting?					
☐ Unidentified or					
uncorrected workplace					
hazards?	4. Identify reason for causative	factor (for example, why did tool fai	l or why was training		
☐ Unfamiliar surroundings/offsite	inadequate?):				
injury?					
II. Injury Reason Factors:	<u></u>				
, ,					
☐ Ina dequate rule					
enforcement? ☐ Lack of relevant, frequent	5. What specific action should b	e or has been taken to correctidenti	fied reasons (#4) and prevent		
enough, or sufficient	The state of the s	s be a specific action taken to prever			
training ☐ Lack of hazard identifying					
or correction procedures					
☐ Lack of line supervisor					
involvement	·				
☐ Plant or equipment layout					
☐ Lack of supervisor and or employee accountability					
☐ Lack of employee					
involvement					
☐ Poor tool purchasing and	Signature of witness:	Date:			
or maintenance ☐ Lack of appropriate safety			waxaa=aa (6		
signs or other reminders		Owen-Dunn Insurance Services Lic	ense #0M07762 (form version7-2018)		