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|---|--|--|
| <input type="checkbox"/> Near Miss <input type="checkbox"/> Property Damage <input type="checkbox"/> Medical/First Aid <input type="checkbox"/> Lost Time <input type="checkbox"/> Safety Violation | <h2 style="margin:0;">Company Injury, Accident, Incident Investigation Form</h2> | Drug/Alcohol Test Done? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Investigator: _____ | | |

- I. Injury Causative Factors:**
- Was the employee(s) following company rules/procedures?**
- If **no**, was the incident because of:
- Lack of training?
 - Not paying attention?
 - Acting as per employee common practice?
 - Exceeding their physical capacity?
 - Using wrong equipment?
 - Taking a short cut?
 - Willful misconduct?
 - Other?
- If **yes**, was the incident the result of:
- Equipment failure?
 - Wrong tools?
 - Poor procedures?
 - Workplace conditions?
 - Repetitive stress (ergonomic factors)?
 - Poor equipment guarding?
 - Poor maintenance?
 - Poor lighting?
 - Unidentified or uncorrected workplace hazards?
 - Unfamiliar surroundings/offsite injury?
- II. Injury Reason Factors:**
- Inadequate rule enforcement?
 - Lack of relevant, frequent enough, or sufficient 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 or maintenance
 - Lack of a appropriate safety signs or other reminders

Employee Name: _____ Position: _____ Hire Date _____

Date/Time of Incident _____ Date first reported _____

Supervisor _____ Department _____

Witnesses: _____

Incident location _____

1. Describe Injury (Nature of Injury/Part of body) _____

2. Describe Incident Fully (what happened?) _____

3. Identify injury causative factor: _____

4. Identify reason for causative factor (for example, why did tool fail or why was training inadequate?): _____

5. What specific action should be or has been taken to correct identified reasons (#4) and prevent reoccurrence (there must **always** be a specific action taken to prevent reoccurrence)?

| | | |
|-------------------------------------|-------------------------|-------------------------|
| Who is responsible for corrections: | Target Completion Date: | Actual Completion Date: |
|-------------------------------------|-------------------------|-------------------------|

Signature of Investigator: _____ Date: _____

(Attach additional sheets as necessary to answer number 1-5 above, and/or to include diagrams or pictures)

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)

I. Injury Causative Factors:

Was the employee(s) following company rules/procedures?

If **no**, was the incident because of:

- Lack of training?
- Not paying attention?
- Acting as per employee common practice?
- Exceeding their physical capacity?
- Using wrong equipment?
- Taking a short cut?
- Chose to not follow rules?
- Other?

If **yes**, was the incident the result of:

- Equipment failure?
- Wrong tools?
- Poor procedures?
- Workplace conditions?
- Repetitive stress (ergonomic factors)?
- Poor equipment guarding?
- Poor maintenance?
- Poor lighting?
- Unidentified or uncorrected workplace hazards?
- Unfamiliar surroundings/offsite injury?

II. Injury Reason Factors:

- Inadequate rule enforcement?
- Lack of relevant, frequent enough, or sufficient 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 or maintenance
- Lack of appropriate safety signs or other reminders

Employee Name: _____ Position: _____ Hire Date _____

Date/Time of Incident _____ Date first reported _____

Supervisor _____ Department _____

Witnesses: _____

Incident location _____

1. Describe Injury (Nature of Injury/Part of body) _____

2. Describe Incident Fully (what happened?) _____

3. Identify injury causative factor: _____

4. Identify reason for causative factor (for example, why did tool fail or why was training inadequate?): _____

5. What specific action should be or has been taken to prevent reoccurrence (there must **always** be a specific action taken to prevent reoccurrence)? _____

Employee Signature: _____ Date: _____

Company Injury, Accident, Incident Investigation Form

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

I. Injury Causative Factors:

Was the employee(s) following company rules/procedures?

If **no**, was the incident because of:

- Lack of training?
- Not paying attention?
- Acting as per employee common practice?
- Exceeding their physical capacity?
- Using wrong equipment?
- Taking a short cut?
- Willful misconduct?
- Other?

If **yes**, was the incident the result of:

- Equipment failure?
- Wrong tools?
- Poor procedures?
- Workplace conditions?
- Repetitive stress (ergonomic factors)?
- Poor equipment guarding?
- Poor maintenance?
- Poor lighting?
- Unidentified or uncorrected workplace hazards?
- Unfamiliar surroundings/offsite injury?

II. Injury Reason Factors:

- Inadequate rule enforcement?
- Lack of relevant, frequent enough, or sufficient 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 or maintenance
- Lack of appropriate safety signs or other reminders

Witness Name: _____ Position: _____ Hire Date _____

Date/Time of Incident _____

Any other witnesses: _____

Incident location _____

1. Describe Injury or property damage (Nature of Injury/Part of body) _____

2. Describe Incident Fully (what happened?) _____

3. Identify incident causative factor: _____

4. Identify reason for causative factor (for example, why did tool fail or why was training inadequate?): _____

5. What specific action should be or has been taken to correct identified reasons (#4) and prevent reoccurrence (there must **always** be a specific action taken to prevent reoccurrence)? _____

Signature of witness: _____ Date: _____