INCIDENT INVESTIGATION WORKSHEET

Date of Incident:

Note: This form can be completed in handwriting. Scan or send completed form to Safety Department

Incident / Employee Name:

Employee Address:			Time of Incident	
Employee Phone:			Date/Time Notice	e:
Facility:	De	epartment:	Date of Investiga	tion:
Investigation Team:				
Brief Description of	Incident			
Brief Description of	incident.			
		Step 1 – FACT FIN	DING	
Note facts found du	ring investigation:			
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STEP 2 - SYSTEM ANALYSIS

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p 2b – Identify	causes and conf	tributing factors		
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Step 2c - Categorize Causes and Contributing Factors

Management	Employee				
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e. Policy Enforcement, Hazard Recognition, Inadequate					
Procedure/JHA, Accountability, Supervisor Training, Corrective Action, Production Priority, Proper Resources, Job Safety Training,	i.e. Following Procedure, Following JHA, Training, Previous Injury,				
Hiring Practices, Maintenance, Adequate Staffing, Safety Observations	Physical Capacity, Experience, Equipment Use, Short Cut, PPE Worn, Stressful Conditions, Safety Attitude				
Equipment	Environment				
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.e. Proper Tool Selection, Tool Availability, Maintenance, Visual Warnings, Guarding	i.e. Plant Layout, Chemical, Temperature, Noise, Radiation, Weather Terrain, Vibration, Ergonomics, Lighting, Ventilation, Housekeeping, Biological				

tep 2d – Brief Report o	f Findings			
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ditional Comments				