INCIDENT INVESTIGATION FORM

I. Incident Information

<table>
<thead>
<tr>
<th>Date of Accident</th>
<th>Time</th>
<th>Shift</th>
<th>Department/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

AM / PM

II. Injured Person(s)

Name: ___________________________ Address: ___________________________
Age: _______ Phone: ___________________________ 
Job Title: ___________________________ Supervisor: ___________________________
Length of Employment at IIT: ___________ Length of Employment at Job: ___________

Employee Classification: ☐ Full Time ☐ Part Time ☐ Contract ☐ Temporary

Nature of Injury: Bruising Dislocation Other (Specify): ___________________________
Strain/Sprain Scratch/Abrasion Internal Injured Body Part: ___________________________
Fracture Amputation Foreign Body Remarks: ___________________________
Laceration/Cut Burn/Scald Chemical Reaction ___________________________

Treatment Name and Address of Treating Physician or Facility ___________________________
First Aid ___________________________
Emergency Room ___________________________
Medical Office Visit ___________________________
Hospitalization ___________________________

III. Damaged Property

Property, Equipment or Material Damaged Description of Damage ___________________________
Object or Substance Causing Damage ___________________________

Describe What Happened (Please Attach Photographs or Diagrams If Necessary) ___________________________

IV. Root Cause Analysis (Check All That Apply Based On Observable/Known Facts)

<table>
<thead>
<tr>
<th>Improper Work Technique</th>
<th>Poor Workstation/Process Design/Layout</th>
<th>No Written Procedure/Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Rule Violation</td>
<td>Congested Work Area</td>
<td>Safety Rule Not Enforced</td>
</tr>
<tr>
<td>Improper PPE or PPE Not Used</td>
<td>Hazardous Substance</td>
<td>Operating Without Authority</td>
</tr>
<tr>
<td>Fire or Explosion Hazard</td>
<td>No PPE</td>
<td>Failure to Warn/Secure Inadequate</td>
</tr>
<tr>
<td>Inadequate Ventilation/Lighting</td>
<td>Insufficient Worker Training</td>
<td>Operating at Improper Speeds</td>
</tr>
<tr>
<td>Improper Material Storage</td>
<td>Improper Maintenance/Inspection</td>
<td>Insufficient Supervisor Training</td>
</tr>
<tr>
<td>By-Passed Safety Device/Guard</td>
<td>Improper/Inadequate Tools/Equipment</td>
<td>Insufficient Knowledge of Job</td>
</tr>
<tr>
<td>Slippery Conditions</td>
<td>Inadequate Job Planning/Scheduling</td>
<td>Inadequate Supervision</td>
</tr>
<tr>
<td>Improper Lifting</td>
<td>Poor Housekeeping</td>
<td>Excessive Noise</td>
</tr>
<tr>
<td>Horseplay/Unsafe Act of Other</td>
<td>Drug/Alcohol Use</td>
<td>Servicing Machine In Motion</td>
</tr>
<tr>
<td>Inadequate Fall Protection</td>
<td>Inadequate Guarding of Hazard</td>
<td>Unnecessary Haste</td>
</tr>
<tr>
<td>Improper Loading/Placement</td>
<td>Other:</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
V.  INCIDENT ANALYSIS

Using the Root Cause Analysis List on the Previous Page, Explain the Cause(s) of the Incident in as Much Detail As Possible, Focusing on Known Facts (Please Attach Additional Pages As Necessary For Explanation).

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

How Bad Could the Accident Have Been?          What Is the Chance of the Accident Happening Again?
Very Serious    Serious    Minor    As Bad    As Likely    Very Likely    Likely    Possible    Unlikely

VI.  Preventive Actions

Describe Actions That Will Be Taken to Prevent Recurrence       Deadline       Responsible Party
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

VII.  Investigation Team

Signature       Print Name       Position       Date
__________________________   ________________          _______       ______
__________________________   ________________          _______       ______
__________________________   ________________          _______       ______

THIS FORM SHOULD BE SUBMITTED, EITHER IN HARD COPY OR ELECTRONICALLY, TO (1) THE HEAD OF THE AFFECTED DEPARTMENT, (2) THE CHAIR OF THE SAFETY POLICY COMMITTEE, (3) THE UNIVERSITY LABORATORY SAFETY COORDINATOR OR DIRECTOR OF ENVIRONMENTAL HEALTH AND SAFETY, AS APPROPRIATE, AND (4) DEPARTMENT OF HUMAN RESOURCES.