

INCIDENT INVESTIGATION FORM

I. Incident Information

Date of Accident _____ Time _____ Day of Week _____ Shift _____ Department/Location _____
_____ AM/PM S M T W T F S _____

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) | Injured Body Part: |
| Strain/Sprain | Scratch/Abrasion | Internal | _____ | _____ |
| Fracture | Amputation | Foreign Body | Remarks: _____ | _____ |
| Laceration/Cut | Burn/Scald | C h e m i c a l | | R e a c t i o n |

| | |
|-----------------|--|
| Treatment | Name and Address of Treating Physician or Facility |
| First Aid | _____ |
| Emergency Room | _____ |
| Dr's Office | _____ |
| Hospitalization | _____ |

III. Damaged Property

| | |
|---|-----------------------|
| Property, Equipment or Material Damaged | Description of Damage |
|---|-----------------------|

| | |
|------------------------------------|-------|
| Object or Substance Causing Damage | _____ |
|------------------------------------|-------|

Describe What Happened (Attach Photographs or Diagrams If Necessary)

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

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

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.

How Bad Could the Accident Have Been?

Very Serious Serious Minor As Bad As Likely

What Is the Chance of the Accident Happening Again?

Very Likely Likely Possible Unlikely

VI. Preventative Actions

Describe Actions That Will Be Taken to Prevent Recurrence

Deadline

Responsible Party

| Describe Actions That Will Be Taken to Prevent Recurrence | Deadline | Responsible Party |
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VII. Investigation Team

Signature

Name

Position

Date

| Signature | Name | Position | Date |
|-----------|-------|----------|-------|
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THIS FORM SHOULD BE SUBMITTED, EITHER IN HARD COPY OR ELECTRONICALLY, TO (1) THE HEAD OF THE AFFECTED DEPARTMENT, (2) THE CO-CHAIRS OF THE SAFETY COMMITTEE AND (3) THE UNIVERSITY LABORATORY SAFETY COORDINATOR OR DIRECTOR OF ENVIRONMENTAL AND OCCUPATIONAL SAFETY, AS APPROPRIATE.