

Employee's Name:		Job Title:	
Time employee has been in current position?	How long had employee been at work prior to injury?	Incident Date:	
Incident Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No	Incident Location: <i>(Be Specific)</i>	
Description of Events <i>(Please allow employee(s) involved in incident to describe it in their own words.):</i>			
In the injured employee's opinion, how could the injury have been prevented?			
Description of Injuries:			

Supervisor's Accident/Near-Miss Investigation

Was it unsafe acts that contributed to this incident?

Yes No

If "Yes", check all that apply below.

- | | |
|---|---|
| <input type="checkbox"/> Lack of training or skill | <input type="checkbox"/> Failure to lockout |
| <input type="checkbox"/> Lack of written procedure | <input type="checkbox"/> Horseplay |
| <input type="checkbox"/> Inadequate Procedure | <input type="checkbox"/> Unsafe lifting |
| <input type="checkbox"/> Failure to anticipate | <input type="checkbox"/> Improper dress |
| <input type="checkbox"/> Disabled safety devices | <input type="checkbox"/> Poor housekeeping |
| <input type="checkbox"/> Rushing | <input type="checkbox"/> Distracted |
| <input type="checkbox"/> Operating at unsafe speeds | |
| <input type="checkbox"/> Operating without proper authority | |
| <input type="checkbox"/> Working on moving equipment | |
| <input type="checkbox"/> Failure to use available equipment/tools | |
| <input type="checkbox"/> Improper personal protective equipment (PPE) | |
| <input type="checkbox"/> Other: | |

Were unsafe conditions that contributed to this incident?

Yes No

If "Yes", check all that apply below.

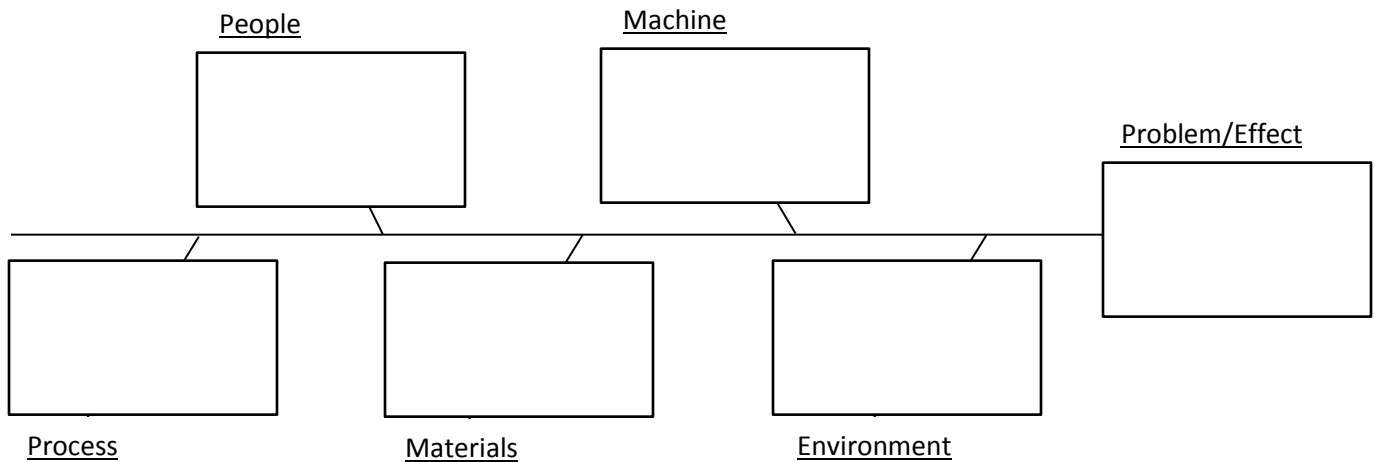
- Inadequate guarding
- Unsafe equipment
- Defective equipment or tools
- Improper lighting
- Improper ventilation
- Unsafe position/Ergonomic Issue
- Weather Conditions Snow and Ice
- Uneven walking surface
- Slippery walking surface
- Noise
- Other:

Have there been similar incidents or near misses prior to this?

Yes No

If "Yes", Explain:

To Help Determine Root Cause, Please Complete the Following "Cause and Effect Ishikawa Fishbone":



Root Cause:

Recommended Corrective Action:

Person Completing Form:

Target Completion Date:

Responsible Party for Action:

Date Complete: