



# Incident Investigation Report Form

Incident and Employee Data		
<b>Store Location</b>		<b>Incident Type:</b> 1.Work Comp, 2.Business Auto, 3.Business Property, 4.Customer Owned Property
<b>Name of Person Reporting</b>		
<b>Date of Incident</b>	<b>Time of Incident</b> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<b>Priority of Incident:</b> 1. Urgent, 2. High, 3. Medium, 4. Low
<b>Name of Employee(s) Involved and Type of Property Involved</b>		
<b>Incident Description:</b>		
1. Where did the incident happen and who was involved? Provide a full description of the surroundings of the location and the individuals involved.		
2. What was happening at the time of the incident and why was it taking place?		
3. What events lead up to the incident? Describe the sequence in order and when they took place.		
4. What exactly caused the injury/incident and how did it happen? What mechanics, equipment, vehicles or tools were involved?		
5. Describe the injury. Include the affected body part(s) and injury type or indicate no injury occurred.		
<b>Is Incident Reportable to OSHA?</b>		
Hospitalization, etc		
Emergency Room visits does not require contacting OSHA		
<b>Next Steps:</b>		
1. If Work Comp—contact Work Comp Insurance 2. If not work Comp- Does it make sense to call Graham Insurer?		
<b>Post Incident Investigator:</b>		
<b>Incident Investigator Name</b>	<b>Date of Investigation</b>	<b>Time of Investigation</b> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

**CHECK ALL DIRECT CAUSES THAT APPLY**

**What CONDITION of tools, equipment, or work area contributed to incident?**  Not Applicable

<input type="checkbox"/> Close Clearance/Congestion	<input type="checkbox"/> Floors/Work Surfaces	<input type="checkbox"/> Poor Housekeeping
<input type="checkbox"/> Hazardous Placement	<input type="checkbox"/> Inadequate Ventilation	<input type="checkbox"/> Equipment Failure
<input type="checkbox"/> Inadequate Warning System	<input type="checkbox"/> Inadequate Illumination	<input type="checkbox"/> Hazardous Materials
<input type="checkbox"/> Improper Material Storage	<input type="checkbox"/> Inadequate Guards/Barrier	<input type="checkbox"/> Defective Tools/Equipment/Vehicle
<input type="checkbox"/> Inadequate/Improper PPE	<input type="checkbox"/> Equipment/Workstation Design	<input type="checkbox"/> Other _____

**What ACTION or INACTION contributed to the incident?**  Not Applicable

<input type="checkbox"/> Failure to Make Secure	<input type="checkbox"/> Used Defective Equipment	<input type="checkbox"/> Failure to Use PPE
<input type="checkbox"/> Improper Lifting	<input type="checkbox"/> Improper Technique	<input type="checkbox"/> Improper Loading
<input type="checkbox"/> Used Equipment Improperly	<input type="checkbox"/> Unauthorized Actions	<input type="checkbox"/> Operating At Improper Speed
<input type="checkbox"/> Operating Procedure Deviation	<input type="checkbox"/> Improper Position	<input type="checkbox"/> Used Wrong Tool/Equipment
<input type="checkbox"/> Horseplay/Distractive Active	<input type="checkbox"/> Unsafe Act of Another Staff	<input type="checkbox"/> Under Influence Drugs/Alcohol
<input type="checkbox"/> Nullified Safety/Control Devices	<input type="checkbox"/> Running/Rushing/Acting In Haste	<input type="checkbox"/> Failure to Warn/Signal
<input type="checkbox"/> Servicing Equipment In Motion	<input type="checkbox"/> Other _____	

**CHECK ALL UNDERLYING OR ROOT CAUSES THAT APPLY**

**What caused or influenced the substandard conditions or behaviors?**

<input type="checkbox"/> Lack of Proper Procedures	<input type="checkbox"/> Inadequate Job Instructions	<input type="checkbox"/> Inadequate Tools
<input type="checkbox"/> Inadequate Job Training Methods	<input type="checkbox"/> Inadequate Supervision	<input type="checkbox"/> Improper Layout or Design
<input type="checkbox"/> Inadequate Maintenance Standards	<input type="checkbox"/> Unsafe Design or Construction	<input type="checkbox"/> Poor Work Practice
<input type="checkbox"/> Poor Work Design	<input type="checkbox"/> Inadequate Purchasing Standards	<input type="checkbox"/> Lack of Skill
<input type="checkbox"/> Lack of Communication Between Staff	<input type="checkbox"/> Improper Extension of Service Life	<input type="checkbox"/> Improper Planning
<input type="checkbox"/> Inadequate Cleaning	<input type="checkbox"/> Inadequate Environmental Controls	<input type="checkbox"/> Inadequate Capacity
<input type="checkbox"/> Inadequate Preventive Maintenance	<input type="checkbox"/> Inadequate Enforcement or Work Standards	
<input type="checkbox"/> Other _____		

**CHECK ALL ACTIONS NECESSARY TO CORRECT THE DIRECT AND ROOT CAUSES**

**What corrective actions have been taken or are needed to prevent a recurrence?**

<input type="checkbox"/> Task Analysis/Procedure Revision	<input type="checkbox"/> Improve Clean-Up Procedures	<input type="checkbox"/> Repair/Replace Equipment
<input type="checkbox"/> Reinstruction of Employees	<input type="checkbox"/> Improve Storage/Arrangement	<input type="checkbox"/> Rotation of Employee
<input type="checkbox"/> Eliminate Congestion	<input type="checkbox"/> Improve/Change Work Method	<input type="checkbox"/> Identify/Improve PPE
<input type="checkbox"/> Task Analysis to Be Completed	<input type="checkbox"/> Install/Revise Guards/Devices	<input type="checkbox"/> Improve Enforcement
<input type="checkbox"/> Improve Design/Construction	<input type="checkbox"/> Job Reassignment of Employees	<input type="checkbox"/> Use Other Materials/Supplies
<input type="checkbox"/> Improve Illumination	<input type="checkbox"/> Mandatory Pre-Job Instructions	<input type="checkbox"/> Improve Ventilation
<input type="checkbox"/> Other _____		

**Recommended corrective actions or preventive measures to be taken**

Action Item	Person Responsible	Target Date	Date Complete

**Investigation Review (Initial after reviewing the findings of the investigation):**

	Initials	Review Date	Comments
Service Manager			
Store Manager			
General Manager			
Safety Director			
President/CEO			