



INCIDENT INVESTIGATION REPORT

Document No: ESD 003 A

To be completed within twenty four (24) hours of the Incident

INCIDENT TYPE :

<input type="checkbox"/> INJURY/ILLNESS	<input type="checkbox"/> PROCESS LOSS	<input type="checkbox"/> NEAR MISS	<input type="checkbox"/> OTHER
<input type="checkbox"/> FIRE	<input type="checkbox"/> PROPERTY DAMAGE	<input type="checkbox"/> ENVIRONMENTAL HARM	

IDENTIFYING INFORMATION

COMPANY OR REGION AND ADDRESS		DEPARTMENT/SECTION		
LOCATION OF INCIDENT		DATE OF INCIDENT	TIME	DATE OF REPORT
INJURY/ILLNESS		PROPERTY DAMAGE/ENVIRONMENTAL HARM		OTHER ACTUAL OR PONTIAL LOSS
NAME OF INJURED / ILL		PROPERTY DAMAGE/ENVIRONMENTAL HARM		TYPE
ADDRESS		NATURE OF LOSS		COST
SEX	DATE OF BIRTH	COST	ESTIMATED ACTUAL	NATURE OF LOSS

PART OF BODY	DAYS OFF WORK	OBJECT/AGENT INFILCTING HARM	OBJECT/EQUIPMENT/SUBSTANCE RELATED
NATURE OF INJURY OR ILLNESS		NATURE OF SPILL/RELEASE	
OBJECT/EQUIPMENT/SUBSTANCE INFILCTING HARM		AMOUNT OF SPILL/RELEASE	
OCCUPATION	YEARS OF SERVICE	SPILL/RELEASE SIZE	
TIME IN PRESENT POSITION		PERSON IN CONTROL OF ACTIVITY AT TIME OF OCCURENCE	

INCIDENT SEVERITY AND RISK ASSESSMENT

ACCUIDENT SEVERITY AND RISK ASSESSMENT				
MAJOR <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	BRIEFLY DESCRIBE	DAYS OF RESTRICTED WORK DAYS OF LOST TIME
LOSS POTENTIAL IF NOT CORRECTED		SEVERITY POTENTIAL		PROBABILITY OF RECURRENCE
		<input type="checkbox"/> MAJOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR		<input type="checkbox"/> FREQUENT <input type="checkbox"/> OCCASIONAL <input type="checkbox"/> SELDOM

INCIDENT DESCRIPTION

DESCRIBE HOW THE EVENT OCCURRED: (INCLUDE PLACE, WORK BEING PERFORMED, PHYSICAL SURROUNDINGS, PPE, PROCESSES, EVENT OF HARM OR LOSS) Use Additional Space as 	
WITNESS TO INCIDENTS:.....	

CAUSE ANALYSIS

IMMEDIATE CAUSES: What substandard acts and conditions caused or could cause this event?

BASIC CAUSES: What specific personal or job factors caused or could cause this event?

CAUSE CHECKLIST

ACTS

- OPERATING EQUIPMENT
- EQUIPMENT NOT SECURED
- OPERATING SPEED
- REMOVING SAFETY/ENVIRONMENTAL DEVICES
- LOADING
- PLACEMENT
- POSITION FOR TASK
- USE OF PPE
- SERVICING EQUIPMENT IN OPERATION
- HORSEPALY
- UNDER THE INFLUENCE OF DRUGS/ALCOHOL
- OTHERS

CONDITIONS

- GUARDS/BARRIERS
- PROTECTIVE EQUIPMENT
- TOOLS, EQUIPMENT, MATERIAL
- CONGESTED OR RESTRICTED AREAS
- WARNING/MONITORING ALARMS AND SYSTEMS
- FIRE AND EXPLOSION SUPPRESSION SYSTEMS
- HOUSEKEEPING
- ENVIRONMENTAL CONDITIONS e.g. DUSTS
FUMES, GASES, VAPORS, OTHERS
- NOISE
- RADIATION

- HIGH/LOW TEMPERATURE
- VENTILATION
- CONCURRENT OPERATIONS
- INCOMPATIBLE CHEMICALS
- INCOMPATIBLE ADDITIVES
- OTHERS

CODING OF BASIC CAUSES

INDIVIDUAL FACTORS

- KNOWLEDGE
- SKILL
- MOTIVATION
- PHYSICAL CAPABILITY
- MENTAL CAPABILITY
- PHYSICAL STRESS
- MENTAL STRESS
- OTHERS

WORK FACTORS

- LEADERSHIP
- ENGINEERING
- PURCHASING
- MAINTENANCE
- WORK STANDARDS
- WEAR AND TEAR
- ABUSE AND MISUSE
- OTHERS

TYPE OF CONTACT

- STRUCK BY
- CONTACTED WITH
- STRUCK AGAINST
- CONTACT WITH
- CAUGHT IN
- CAUGHT ON

- CAUGHT BETWEEN
- EXPOSURE
- FALL TO BELOW
- FALL TO SAME LEVEL
- OVER EXERTION
- OTHERS

ACTION PLAN FOR REMEDY

CORRECTIVE ACTIONS:

What actions should be taken to avoid a recurrence of this type of incident? (State who, what, engineering changes, procedural changes or development rules, regulations, specific training, etc.)

FOLLOW UP

SIGNATURE OF INVESTIGATOR	DATE	1..... 2..... 3.....
SIGNATURE OF REVIEWER	DATE	4..... 5..... 6.....

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REVIEWER'S COMMENTS

REACTIONS TO THE INVESTIGATOR'S ANALYSIS OF THE CAUSES AND THE REMEDIAL ACTIONS:

SIGNATURE:

TITLE:

DATE:

SKETCH OF INCIDENT SITE (Attach additional photos, drawings or othe graphic material if applicable to the investigation)

