

## SECTION 24

### INCIDENT INVESTIGATION AND REPORTING

#### 1. POLICY

- 1.1. It is every site employee's responsibility to report to your superintendent, ANY ACCIDENT OR NEAR MISS in which you are involved or which you witness, even if there was no injury or damage. All incidents, regardless of severity, must be investigated to identify the basic and indirect causes. An incident investigation is not a faultfinding endeavor; rather it is a fact-finding effort. Immediate action taken to identify causes can be utilized to prevent recurrence of future incidents of a similar nature. The MAPP Superintendent, MAPP Safety Department, and MAPP Project Manager must be notified immediately of an accident. Lessons learned and corrective actions from each incident must be reviewed and communicated with each site to aid in avoiding similar incidents on other jobsites.

#### 2. GENERAL REPORTING REQUIREMENTS:

- 2.1. Employees must promptly report all potentially work-related incidents, injuries, or illnesses to their Supervisor immediately. Failure to properly report an incident within the specified time period may delay or jeopardize a claim for medical treatment and/or benefits provided under any federal, state, or local law and regulation.
- 2.2. Required incidents must be verbally reported to OSHA within 8 hours of their discovery. Incidents must also be reported to the owner client as soon as possible, or in a timely manner (within 24 hours of incident).
- 2.3. Supervision must promptly report all potentially work-related incidents, injuries, or illnesses to the MAPP Superintendent. The MAPP Superintendent shall notify the MAPP Project Manager and MAPP HSE Department **immediately** of the incident. Upon notification, the appropriate level of medical attention will be arranged unless the injury is serious and arrangement should be made immediately. MAPP employees injured while working shall be accompanied by another MAPP employee to the designated project occupational medical facility.
  - 2.3.1. Only in the event of life or limb threatening circumstances should emergency medical treatment be sought.
  - 2.3.2. Under no circumstances shall a MAPP employee seek medical treatment alone.
  - 2.3.3. Subcontractors are responsible for obtaining proper occupational medical treatment for their own employees and providing the necessary information afterwards to MAPP.
  - 2.3.4. After initial first response duties are complete MAPP Corporate HSE will determine the level of root cause analysis to be performed based on severity of the incident or clients request. Corrective Actions resulting from incidents will be distributed to persons and subcontractor involved. HSE department will be responsible for stewardship of corrective actions resulting from incidents on all levels of management. Reference the MAPP RCA Guidance Document GUI-001 for additional information.

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- 2.4. Any employee (MAPP and subcontractor) that is taken for medical treatment must obtain a drug test immediately. Proof of a negative drug test and doctors statement of release to work are required before any employee is allowed back onto the work site once taken for office site medical treatment.
- 2.5. Securing the accident scene is essential to ensure an effective accident investigation. No materials or equipment shall be moved made until a review of the accident is completed, except when securing equipment or materials that could result in further injury. No employees shall be allowed to leave the site. Take numerous photographs of the area the incident occurred and also the employee's injury.
- 2.6. Immediately, or as soon as possible after medical treatment is provided, have the injured employee complete the MAPP Injured Employee Statement. If the employee (MAPP or subcontractor) refuses medical attention you must have the employee sign and date the Medical Declination of Treatment form.
- 2.7. Obtain witnesses' names, permanent addresses, and statements of their complete factual observations. If necessary, you may have to sequester witnesses for a time period while securing incident area and providing attention to the victim. Witness statements should be written by the witness; however, another person may record his/her dictation if so requested by the witness. Statements should be taken and prepared in a confidential and non-threatening environment.
- 2.7.1. Initial identification of evidence immediately following the incident might include a listing of people, equipment, and materials involved and a recording of environmental factors such as weather, illumination, temperature, noise, ventilation, and physical factors such as fatigue, age, and medical conditions.
- 2.8. The MAPP Incident Investigation Form must be completed for all incidents, injuries, and work-related illnesses. A preliminary report shall be completed by the project management team within twenty-four hours of the occurrence. A copy of the preliminary incident report MUST be sent to the MAPP HSE Department within 24 hours of the incident for insurance reporting purposes.
- 2.9. It is the MAPP Superintendent and the injured employee foreman's responsibility to follow-up and report to the HSE Department the status of the injured employee.
- 2.10. Any injured or affected employee shall review, be a part of the investigation, and sign the incident report.
- 2.11. The Site Superintendent should forward all complete incident investigation reports and material to the MAPP HSE Department, and a copy sent to the responsible Project Manager within 48 hours.
- 2.12. All open corrective action items shall be recorded and tracked to completion by the MAPP Site Superintendent and MAPP HSE Department.
- 2.13. Fatality(s) or 3 or more hospitalized Superintendents must OSHA within 8 hours of their discovery. Incidents must also be reported to the owner client as soon as possible, or in a timely manner (within 24 hours of incident.)

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### INCIDENT INVESTIGATION AND REPORTING

- 2.14. Additional investigation equipment may be need such as: writing equipment such as pens/paper, measurement equipment such as tape measures and rulers, cameras, small tools, audio recorder, PPE, marking devices such as flags, equipment manuals, etc.
- 2.15. The accompanying employee and MAPP HSE Department shall communicate the job duties of the injured employee to the doctor and verify in writing the employees work status. Modified duty shall be made available for all positions.
- 2.16. The MAPP HSE Department will keep in touch with the injured MAPP employee and all medical clinics at least weekly to manage the status of the incident.

### 3. Training

- 3.1. Personnel must be trained in their roles and responsibilities for incident response and incident investigation techniques.

Reference: [Incident Report Form](#)  
[Injured Employee Statement](#)  
[Incident Witness Statement](#)  
[Declination of Medical Treatment Statement](#)  
[Property Damage Report](#)

## GUIDANCE DOCUMENT – ROOT CAUSE ANALYSIS METHOD FOR INVESTIGATION

### 1. INTRODUCTION

Root Cause Analysis (RCA) is a problem solving methodology for establishing that works through information to identify the root causes of problems or occurrences, identified via a range of activities including incident management. It fosters a systems based approach to the analysis process rather than the person centered approach, and has been shown to provide a means for identifying effective solution strategies to a broad range of problems; as well as fully engaging all levels of staff positively in the incident management process.

The primary purpose for investigating an incident is to ascertain so that appropriate actions can be planned and implemented to prevent future occurrence.

**WHAT HAPPENED?**  
**HOW DID IT HAPPEN?**  
**WHY DID IT HAPPEN?**

Incident investigations should

- Recognize and identify reasons for substandard performance
- Find deficiencies in management systems
- Identify procedural gaps in work
- Learn from incidents and make recommendations
- Implement improvement strategies to help prevent or minimize recurrences, thus reducing future risk of harm

To assist in deciding upon the level of investigation required, the use of a simple risk assessment progression of incidents at the time of occurrence can enable MAPP to implement a much more structured approach. The risk assessment tool requires the incident to be graded according to the actual impact on the project and the potential future impact on a project. Once received, each MAPP Incident Report Form will be rated using the following risk matrix. This grading will establish the level of investigation and root cause analysis that should be carried out for the incident.

Severity of Harm (How serious are the person's injuries/illness or property damage?)	<b>None</b>	<b>Minor</b> (non-permanent harm – up to 1 month or less than \$5,000 in PD)	<b>Serious</b> (semi-permanent harm – up to 1 year or \$5,001-20,000 in PD)	<b>Major</b> (Major permanent harm or \$20,001-50,000 in PD)	<b>Catastrophic</b> (death Or \$50,001+ in PD)
Risk of this happening again	<b>None/Remote</b>	<b>Possible</b> (20% chance)	<b>Likely</b> (60% chance)	<b>Highly likely</b> (90% chance)	<b>Certain</b>

**Most likely consequences (if in doubt grade up, not down)**

CONSEQUENCES	PROBABILITY					
	Impossible 0	Rare 1	Unlikely 2	Possible 3	Likely 4	Certain 5
Negligible - 0	0	0	0	0	0	0
Minor - 1	0	1	2	3	4	5
Serious - 2	0	2	4	6	8	10
Major - 3	0	3	6	9	12	15
Fatality - 4	0	4	8	12	16	20
Multiple Fatalities - 5	0	5	10	15	20	25

## 2. LEVEL OF INVESTIGATION REQUIRED

Having established the impact on personnel and the potential future risk through the grading process, the level of investigation and analysis is determined in relation to the scoring, and whether the incident resulted in physical harm (i.e. injury, property damage or near miss).

When an incident results in major permanent harm or property damage, or the death of a person, a formal root cause analysis should be performed. All other incidents with a score of 15 or above, a formal root cause analysis meeting will be performed led by the Corporate Safety Director. The Corporate Safety Director will appoint an investigating team (3-5 members) to perform the root cause analysis.

For all incidents scored below 15, an informal root cause analysis will be performed by the MAPP Corporate Safety Director and the responsible MAPP project team utilizing the direct and indirect causes identified. An informal root cause analysis is generally not as procedurally structured as a formal analysis but should at minimum include:

- Identifying the scope and content of the incident
- Developing a timeline of events
- Interviewing of personnel involved and review of related documentation
- Identify direct and indirect causes, prioritization of, and then ask why to each cause to determine the root cause through an unstructured method such as brainstorming.
- Completing the Incident Report Form with identified root causes and corresponding mitigation actions.

### **3. IDENTIFY SCOPE OF THE INCIDENT AND INFORMATION GATHERING**

It is essential that all material facts surrounding the incident, its antecedents and its consequences are gathered as soon as possible after the incident. However, the investigative team must be mindful of the impact the event may have had on staff members. As cited by numerous medical review, if appropriate the team may defer immediately questioning parties until a de-briefing or counselling process has been put in place. In determining what information to collect you must consider the prelude activities, as well as the incident itself. For complex incidents it is suggested to start at the point at which the incident occurred and work backwards that the unique start point can be identified. The approach taken must be decided on a per incident basis and by means of consensus amongst the investigation team. The type of information will vary by incident type but may include the person(s) involved in or witnessing the incident, the location of the incident, the environmental conditions in which it occurred, the equipment or object, if any, that was be involved, any documentation (procedures, task or job analysis, permit, etc), and any belief models identified through the interview process.

### **4. DOCUMENTATION LOG AND TIMELINE OF INCIDENT**

You will always collect a reasonable amount of documentation when you undertake a structured investigation into an incident. It is essential that you maintain an orderly method to your document management. Please see Table A1 at the end of the guidance document for MAPP Incident Documentation Log.

The chronology of events is of utmost importance in an investigation. This will affect the ease with which you can visualize the order of events, and identify areas where further fact finding is necessary. The chronology should also enable you to identify key areas of concern, and areas of good practice in the sequence of events. This chronology should be built by interviewing personnel and the documentation gathered.

Below is a sample timeline:

**01/01/2001 – Project# 11111**

## **My Bank and Trust Site, 1212 Main Street, Baton Rouge, LA 70801**

6:30 a.m. – MAPP Superintendent arrived on the project site for the day.

7:15 a.m. – Subcontractor B work crew arrived on site.

7:30 a.m. – Subcontractor B work crew began filling out their task JSA for work to be performed that day.

7:40 a.m. - Subcontractor B foreman brought the JSA to the MAPP Superintendent for review and work authorization.

Etc,

## **5. ROOT CAUSE ANALYSIS**

### **Brainstorming**

This technique can be used to assist the team in identifying the issues that they believe require further exploration. Brainstorming also lends itself to the 'Five Why's technique and also to identifying the influencing factors associated with the event. A facilitator will ask each team member to contribute a suggestion or idea of an issue from the chronology review that could have contributed to the incident. There are no right answers with brainstorming and the key to successful brainstorming is not to allow any in-depth questioning, or exploration, of these ideas during the 'brain storm'. The focus must be on the participants contributing their ideas, the time for clarification comes once all members have contributed, and the process is exhausted. Once the brainstorming process has completed, each idea should be identified as a direct cause or an indirect (contributing) cause of the incident.

### **Technique 1 - The Five Why's**

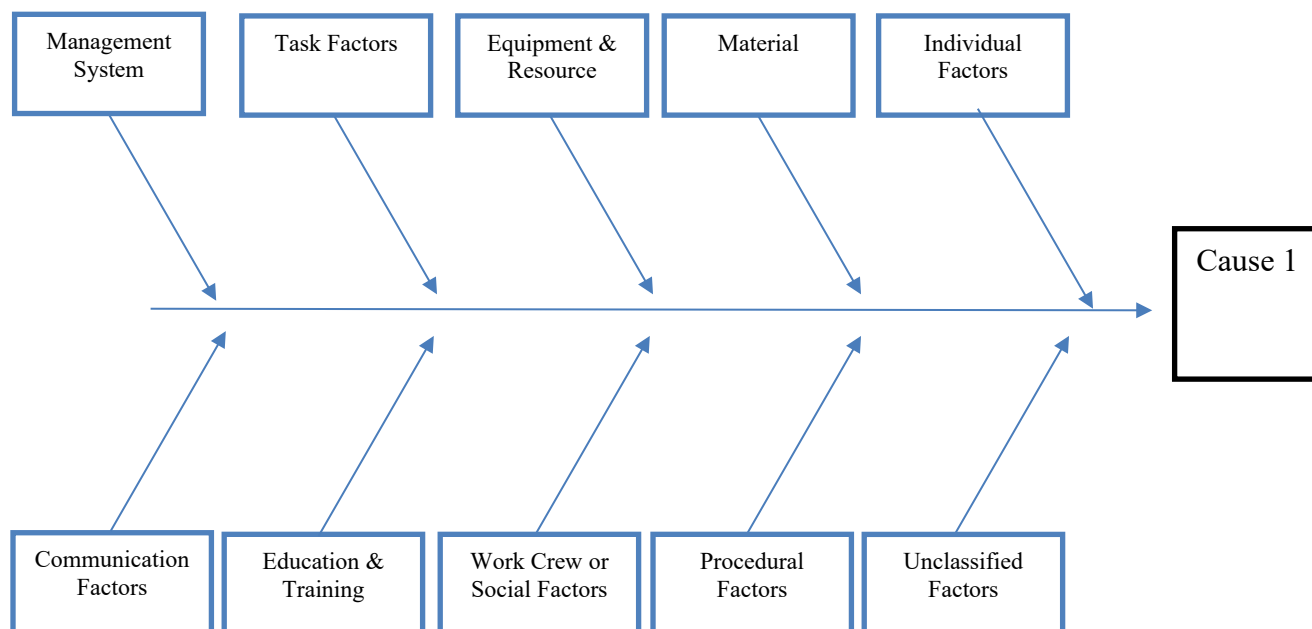
The nature of the 5 why's technique is to delve into the causes identified during the brainstorming session asking 'why' for each direct and indirect cause until there are no more 'causes' forthcoming. In a group situation it is a method that requires careful facilitation if it is not to end in a muddle. One way of avoiding confusion is to remember that the team can only undertake one 'cause and effect' process at a time. Each identified direct cause should be 'why' questioned and ultimately identified whether it is a symptom, an influencing factor or a root cause. As a rule of thumb, the team normally should ask a minimum of 5 whys to each cause to elicit the root of a problem. However, this is not a definitive requirement and the number of whys may vary depending on the cause identified. This Why session should be captured and recorded; which is easiest to do on a flip chart or wall board to that the progression is easily visible to all team members. The information can then later be transferred to a digital format.

### **Technique 2 - Fishbone Diagram**

There are a number of causal factors that could contribute to an incident. When several contributory factors have been identified for a specific cause, it may be helpful to use a classification framework to classify and group them. The fishbone diagram is one method of exploring these factors. The scribe begins by drawing a large horizontal arrow on the flip chart or wall board, and at the head of the arrow is the cause to be

explored. Spines are then attached to the arrow body and each spine is given a classification heading which represents the main areas to be explored in different causal factors. It is important to remember that each diagram should only explore the causal factors associated with that one cause.

A framework fishbone diagram is shown below that can be used for MAPP incidents:



## 6. RECOMMENDATIONS FOR MITIGATING AND CORRECTIVE ACTIONS

Recommendations generated from these incident investigations should be reviewed by MAPP Executive Management team for approval and implementation. Corrective actions are a set of activities implemented to resolve or correct a problem or deficiency. Corrective actions should be focused on addressing not only the direct causes but also the root causes associated with the incident so as to prevent reoccurrence.

**Table A1 - MAPP Incident Documentation Log**



[illegible]

## MAPP INCIDENT REPORT

### SECTION 1

Incident No.:		Job Name:	
Incident Date:		Job #:	
Incident Time:		Company:	
Weather Conditions:			
Hire Date:		Employee(s) Name	
Employee BD		Job Title:	
Witness Name(s) and Company:			
Property Damage Occurring:			

**Supervisor's & Employee's Description of Incident: (use separate sheet if necessary)**  
**WHO? WHAT? WHERE? WHEN? WHY? HOW?**

Injury / Illness		Environmental	Near Miss	<input type="checkbox"/> Other X
<input type="checkbox"/>	First Aid	<input type="checkbox"/>	Spill (Liquid)	
<input type="checkbox"/>	Restricted Day	<input type="checkbox"/>	Drainage Impact	
<input type="checkbox"/>	Medical Treatment	<input type="checkbox"/>	Off Site Impact	
<input type="checkbox"/>	Lost Time	<input type="checkbox"/>		

### SECTION II

Describe First Aid or Medical Treatment:

### SECTION III

Root Cause(s) of Incident (See also Section VI)

## SECTION IV

Corrective Action(s) Taken Recommended	Assigned To	Target Date	Completion
1			
2			
3			
4			
5			
6			

Injury Nature		Body Part		Accident Type				
	Abrasion		Abdomen		Respiratory		Caught in-under-between	
	Allergic reaction		Ankle		Shoulder		Contact with hot liquid	
	Amputation		Arm		Spine		Contact with sharp object	
	Chemical Burn		Back		Throat		Contact with electricity	
	Concussion		Chest		Wrist		Exposure to chemical	
	Contusion		Ear				Exposure to gas	
	Electric shock		Elbow				Exposure to cold object	
	Eye irritation		Eye				Exposure to hot object	
	Foreign body		Finger				Fall from elevation	
	Fracture		Foot / Toes				Fall (other)	
	Heat / Cold Stress		Groin				Slip / Trip	
	Hernia		Hand				Inhalation	
	Inflammation		Head				Lifting	
	Inhalation		Knee				Pinching	
	Laceration		Mouth/ Teeth				Pushing / Pulling	
	Sprain		Multiple Parts				Splash	
	Thermal Burn		Neck				Struck against / by	
	Other- Heart Attack		Nose				Vehicle Accident	
							Other	

DIRECT CAUSE		
Unsafe Acts		Unsafe Conditions
	Improper use of tool	Flammable Atmosphere
	Defective Tool / Equipment	Oxygen rich / deficient
	Failure to use proper PPE	Toxic Atmosphere
	Improper body position	Inadequate Illumination
	Improper Lifting / Placing	Poor Housekeeping
	Removing guard	Congested work area
	Defeating safety device	Worn / Defective Tool
	Servicing Live Equipment	Work / defective equipment
	Horseplay	Ineffective guard or barricade
	Shortcut / Hurrying	Missing / lack of guarding

## MAPP INCIDENT REPORT

<input type="checkbox"/>	Horseplay	<input type="checkbox"/>	Failure to Post Barricades or Warning Signs
<input type="checkbox"/>	Shortcut / Hurrying	<input type="checkbox"/>	Ineffective guard or barricade
<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Unsafe Act / Condition caused by other person
<input type="checkbox"/>	Unauthorized Use of Equipment	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Failure to Correct Hazard or Condition	<input type="checkbox"/>	
<input type="checkbox"/>	Failure to follow procedure	<input type="checkbox"/>	
<input type="checkbox"/>	Other: Personal Conditions	<input type="checkbox"/>	

### INDIRECT CAUSE – LACK OF:

<input type="checkbox"/>	Training	<input type="checkbox"/>	Resources	<input type="checkbox"/>	Belief
<input type="checkbox"/>	No Training	<input type="checkbox"/>	Time	<input type="checkbox"/>	Poor Moral
<input type="checkbox"/>	Poor Training	<input type="checkbox"/>	Tools	<input type="checkbox"/>	Peer pressure
<input type="checkbox"/>	Refresher needed	<input type="checkbox"/>	Equipment	<input type="checkbox"/>	Awareness
<input type="checkbox"/>	Not Understood	<input type="checkbox"/>	Material	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Manpower	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Other:	<input type="checkbox"/>	

### SECTION VII

<b>Additional Note:</b>

Superintendent Signature

Date

Employee Signature

Date

Project Manger Signature

Date

Signature of HSE Manger

Date



344 Third Street  
Baton Rouge, LA 70801  
Phone: 225-757-0480  
[MAPP Construction.com](http://MAPP Construction.com)

**Incident Report Supplement  
Declination of Medical Treatment**

I understand I have been offered medical treatment for my injuries (however minor) and I have chosen to decline medical treatment at this time. I also understand that by refusing immediate medical care I agree to waive all rights to worker's compensation for complications that may arise from my injury. I agree to hold harmless MAPP Construction, LLC, it's employees, my employer, the property owners, and all subcontractors associated with the project site I was assigned to.

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Date

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Employee Signature

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Employee Printed Name

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Social Security Number

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Employer

Project #:

Project Name:

Witnessed By:

Date:

## **Incident Report Supplement Declination of Medical Treatment**

I understand I have been offered medical treatment for my injuries (however minor) and I have chosen to decline medical treatment at this time. I also understand that by refusing immediate medical care I agree to waive all rights to worker's compensation for complications that may arise from my injury. I agree to hold harmless MAPP, it's employees, my employer, the property owners, and all subcontractors associated with the project site I was assigned to.

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Date

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Employee Signature

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Employee Printed Name

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Social Security Number

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Employer

Project #: \_\_\_\_\_ Project Name: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_



## Incident Report Supplement Injured Employee Statement

Project #: \_\_\_\_\_ Project Name: \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Exact Location of Incident: \_\_\_\_\_

What injury are you claiming (be specific): \_\_\_\_\_

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What activity were you performing when the incident occurred? \_\_\_\_\_

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Did the injury occur on the jobsite (Yes/No): \_\_\_\_\_

How did the injury occur? \_\_\_\_\_

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Who assigned the work activity? \_\_\_\_\_

Have you been trained to perform the work activity? (Yes/No) \_\_\_\_\_

What was the condition of the work area at the time of the incident? \_\_\_\_\_

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Who were you working with/near at the time of the incident? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Date





## Incident Report Supplement Witness Statement

Project #: \_\_\_\_\_

Project Name: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Title: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Location at Time of Incident: \_\_\_\_\_

Describe, to the best of your knowledge, what happened just before, during, and just after the incident:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Witness Signature \_\_\_\_\_

MAPP Superintendent Signature



## Section I

# Incident Report Form

**Incident No.:** \_\_\_\_\_ (Safety Dept. will assign No.)      **Date Reported to Superintendent:** \_\_\_\_\_

**Incident Date:** \_\_\_\_\_      **Job #:** \_\_\_\_\_

**Incident Time:** \_\_\_\_\_      **Job Name:** \_\_\_\_\_

**Weather Condiddtions:** \_\_\_\_\_

**Employee(s) Involved:** \_\_\_\_\_      **Company:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_      **Employee SS No.** \_\_\_\_\_      **Hire Date** \_\_\_\_\_

**Witness Name(s) and Company:** \_\_\_\_\_

\_\_\_\_\_

**Property Damage Occurring:** \_\_\_\_\_

**Supervisor's & Employee's Description of Incident:** (use separate sheet if necessary) **WHO? WHAT? WHERE?**  
**WHEN? WHY? HOW?**

Injury/Illness <input type="checkbox"/> first aid <input type="checkbox"/> restricted duty <input type="checkbox"/> medical treatment <input type="checkbox"/> lost time	Environmental <input type="checkbox"/> spill (liquid)	Near Miss <input type="checkbox"/> Description:	Other <input type="checkbox"/>

## Section II

**Describe First Aid or Medical Treatment:**

First Aid or Medical treatment given by [name]:

### Section III

**Root Cause(s) of Incident:** (See also Section VI)

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## Section IV

[illegible]

## Section V

Injury Nature	Body Part	Accident Type	PPE Required for Task	
<input type="checkbox"/> abrasion <input type="checkbox"/> allergic reaction <input type="checkbox"/> amputation <input type="checkbox"/> chemical burn <input type="checkbox"/> concussion <input type="checkbox"/> contusion <input type="checkbox"/> electric shock <input type="checkbox"/> eye irritation <input type="checkbox"/> foreign body (eye) <input type="checkbox"/> fracture <input type="checkbox"/> heat/cold stress <input type="checkbox"/> hernia <input type="checkbox"/> inflammation <input type="checkbox"/> inhalation <input type="checkbox"/> laceration <input type="checkbox"/> sprain <input type="checkbox"/> strain <input type="checkbox"/> thermal burn <input type="checkbox"/> other	<input type="checkbox"/> abdomen <input type="checkbox"/> ankle <input type="checkbox"/> arm <input type="checkbox"/> back <input type="checkbox"/> chest <input type="checkbox"/> ear <input type="checkbox"/> elbow <input type="checkbox"/> eye <input type="checkbox"/> finger <input type="checkbox"/> foot/toes <input type="checkbox"/> groin <input type="checkbox"/> hand <input type="checkbox"/> head <input type="checkbox"/> knee <input type="checkbox"/> leg <input type="checkbox"/> mouth/teeth <input type="checkbox"/> multiple parts <input type="checkbox"/> neck <input type="checkbox"/> nose	<input type="checkbox"/> respiratory <input type="checkbox"/> shoulder <input type="checkbox"/> spine <input type="checkbox"/> throat <input type="checkbox"/> wrist	<input type="checkbox"/> caught in-under-between <input type="checkbox"/> contact with hot liquid <input type="checkbox"/> contact with sharp object <input type="checkbox"/> contact with electricity <input type="checkbox"/> exposure to chemical <input type="checkbox"/> exposure to gases <input type="checkbox"/> exposure to cold object <input type="checkbox"/> exposure to hot object <input type="checkbox"/> fall from elevation <input type="checkbox"/> fall (other) <input type="checkbox"/> slip/trip <input type="checkbox"/> inhalation <input type="checkbox"/> lifting <input type="checkbox"/> pinching <input type="checkbox"/> pushing/pulling <input type="checkbox"/> splash <input type="checkbox"/> struck against/by <input type="checkbox"/> vehicle accident <input type="checkbox"/> other	1. 2. 3. 4. 5. 6.
			PPE Worn by Employee	
			1. 2. 3. 4. 5. 6.	

## Section VI

### DIRECT CAUSE

Unsafe Acts	Unsafe Conditions
<input type="checkbox"/> Improper use of tool/equipment	<input type="checkbox"/> Flammable Atmosphere
<input type="checkbox"/> Defective tool/equipment	<input type="checkbox"/> Oxygen rich/deficient
<input type="checkbox"/> Failure to use proper PPE	<input type="checkbox"/> Toxic Atmosphere
<input type="checkbox"/> Improper body position	<input type="checkbox"/> Inadequate Illumination
<input type="checkbox"/> Improper lifting/placing	<input type="checkbox"/> Poor housekeeping
<input type="checkbox"/> Removing guard	<input type="checkbox"/> Congested work area
<input type="checkbox"/> Defeating safety device	<input type="checkbox"/> Worn/defective tool
<input type="checkbox"/> Servicing live equipment	<input type="checkbox"/> Worn/defective equipment
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Ineffective guard or barricade
<input type="checkbox"/> Shortcut/Hurrying	<input type="checkbox"/> Missing/lack of guarding
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Failure to Post Barricades or Warning Signs
<input type="checkbox"/> Unauthorized Use of Equipment	<input type="checkbox"/> Unsafe Act/Condition caused by other person
<input type="checkbox"/> Failure to Correct Hazard or Condition	<input type="checkbox"/> Other:
<input type="checkbox"/> Failure to follow procedure	
<input type="checkbox"/> Other:	

### INDIRECT CAUSE — LACK OF:

Training	Resources	Belief
<input type="checkbox"/> No training	<input type="checkbox"/> Time	<input type="checkbox"/> Poor morale
<input type="checkbox"/> Poor training	<input type="checkbox"/> Tools	<input type="checkbox"/> Peer pressure
<input type="checkbox"/> Refresher needed	<input type="checkbox"/> Equipment	<input type="checkbox"/> Awareness
<input type="checkbox"/> Not understood	<input type="checkbox"/> Material	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Manpower	
	<input type="checkbox"/> Other:	

## Section VII

Additional Notes:

Superintendent Signature	Date	Employee Signature	Date
Project Manager Signature	Date	Signature of HSE Manager	Date



## **NEAR MISS FORM**

A Near Miss is usually an instantaneous event that results in the recognition that an injury/illness or considerable environmental and/or property damage could have occurred if circumstances were only slightly altered. Although there is no injury or damage, a near miss is a warning sign. If corrective action is not taken such as instituting a "Stop Work" action, the incident has the ability to reoccur until an injury or damage results.

**This form is to be completed by all employees or contractors for reporting Near Miss incidents.**

**NAME:**

**EMAIL**

**COMPANY**

**LOCATION:**

**DESCRIBE INCIDENT (Including potential outcomes)**

**PROPOSED SOLUTION (If applicable)**

**Forward to**

MAPP

Corporate Safety Department

[safety@mappconstruction.com](mailto:safety@mappconstruction.com)



## Property Damage Report Form

Please return the completed form to MAPP Safety, c/o McKinley Bailey, via email (mbailey@mappconstruction.com) prior to incurring any costs.

Office

Location: Baton Rouge

New Orleans

Dallas

Employee/Contact Information

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Type of Loss:

Water Damage \_\_\_\_\_ Theft \_\_\_\_\_

Fire \_\_\_\_\_ Vandalism \_\_\_\_\_ Other \_\_\_\_\_

Description of the Property (including model number, serial number, age, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Description of the damage:

\_\_\_\_\_  
\_\_\_\_\_

Description of how the incident occurred:

\_\_\_\_\_  
\_\_\_\_\_

Employee filing this report:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date