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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Initial Incident**  **${Initial\_Incident}** | | **2. Date**  **${Incident\_Date}** | | | | **3. Time Incident Occurred**  AM PM  **${Time}** | | | | **4. Department / Facility / Location**  **${DeptID}/${LocID}** | | | | | | |
| 5. Incident Type | | | | |  |  | | |  | | | | | **6. Recordable** | | |
| * **${Incident\_type}** | | | | |  |  | | |  | | | | | * **${Recordable}** | | |
| **7. Incident Severity** | | | | 8. Incident Seriousness | | | | | | | 9. Investigation Level | | | | | |
| **${Incident\_Severity}** | | | | * **${Incident\_Seriousness}** | | | | | | | * **${Investigation\_level}** | | | | | |
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|  | | | | See table #1 in Incident Reporting and | | | | | | |  | | | | | |
|  | | | | Investigation | | | | | | |  | | | | | |
|  | | | |  | | | | | | |  | | | | | |
| **10. List witnesses below – Statement(s) provided in attachments** | | | | | | | | | | | | | | | | |
| **${List\_Witness}** | | | | | | | | | | | | | | | | |
| 11. Nature of Injury/Illness (indicate primary) | | | | | | | | **12. Part of Body Affected (indicate all that apply circle primary)** | | | | | | | | |
| **${Nature\_of\_injury}** | | | | | | | | **${Part\_affected}** | | | | | | | | |
| **${Nature\_others}** | | | | | | | | **${Part\_affected\_others}** | | | | | | | | |
| 13. Type of Contact | | | | | | | | 14. Contact With | | | | | | | | |
| **${Type\_of\_contact}** | | | | | | | | **${Contact\_with}** | | | | | | | | |
| **${T\_Contact\_others}** | | | | | | | | **${Contact\_with\_others}** | | | | | | | | |
|  | | |  | | | | |  | | | | |  | | | |
| 15. Investigation Team | | | | | | | | | | | | | | | | |
|  | | Name | | | | | Title | | | | | Phone No. | | | | Date |
| Manager/Supervisor Leading Investigation | | **${SpvName}** | | | | |  | | | | |  | | | |  |
| HS&E Representative/Advisor | |  | | | | |  | | | | |  | | | |  |
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|  | |  | | | | |  | | | | |  | | | |  |
| Other Team Members | |  | | | | |  | | | | |  | | | |  |
|  | |  | | | | |  | | | | |  | | | |  |
| Immediate Causes: What substandard practices and/or conditions caused or could have caused the event? Check all applicable items and explain as needed. | | | | | | | | | | | | | | | | |
| 16. Substandard Practice(s) | | | | | | | | **17. Substandard Condition(s)** | | | | | | | | |
| **${Substandard\_Practice}** | | | | | | | | **${Substandard\_Condition}** | | | | | | | | |
|  | | | | | | | |  | | | | | | | | |
|  | | | | | | | |  | | | | | | | | |
| **18. Explanation**  **${Explanation1}**  **${Explanation2}** | | | | | | | | | | | | | | | | |
| Basic Causes: What specific personal and/or job factors caused or could have caused the event? Check all applicable items and explain as needed. As above. | | | | | | | | | | | | | | | | |
| 19. Personal Factors | | | | | | 20. Job Factors | | | | | | | | | | |
| **${Personal\_factor}** | | | | | | **${Job\_factor}** | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | |
| **21. Explanation**  **${Explanation3}**  **${Explanation4}** | | | | | | | | | | | | | | | | |
| 22. Lack of Control (Check all that apply and explain as necessary) | | | | | | | | | | | | | | | | |
| **${Lack\_of\_control}** | | | | | | | | | | | | | | | | |
| **23. Explanation**  **${Explanation5}** | | | | | | | | | | | | | | | | |
| 24. Causes (Identify and rank by maximum potential impact) | | | | | | | | | | | | | | | | |
| ID# | Causes (Identify multiple root cause) | | | | | | | | | | | | | | | |
| 1 | **${Cause}** | | | | | | | | | | | | | | | |
| **25. Action/Plans (Link Cause ID# above to Corrective/Preventative Action below)** | | | | | | | | | | | | | | | | |
| ID# | Corrective or Preventative Action | | | | | Responsible Person(s) | | | | Target Completion  Date | | | | | Actual Completion Date | |
|  | **${Correct\_preven\_act}** | | | | | **${Responsible\_person}** | | | | **${Target\_Completion\_Date}** | | | | | **${Actual\_Completion\_Date}** | |
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Prepared by,

HSE Manager