

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			

Step 3: Why did the incident happen?	
Unsafe workplace conditions: (Check all that apply) Inadequate guard Unguarded hazard Safety device is defective Tool or equipment defective Workstation layout is hazardous Unsafe lighting Unsafe ventilation Lack of needed personal protective equipment Lack of appropriate equipment / tools Unsafe clothing No training or insufficient training Other: _____	Unsafe acts by people: (Check all that apply) Operating without permission Operating at unsafe speed Servicing equipment that has power to it Making a safety device inoperative Using defective equipment Using equipment in an unapproved way Unsafe lifting Taking an unsafe position or posture Distraction, teasing, horseplay Failure to wear personal protective equipment Failure to use the available equipment / tools Other: _____
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
Were the unsafe acts or conditions reported prior to the incident?	Yes No
Have there been similar incidents or near misses prior to this one?	Yes No

Step 4: How can future incidents be prevented?**What changes do you suggest to prevent this incident/near miss from happening again?**

Stop this activity

Guard the hazard

Train the employee(s)

Train the supervisor(s)

Redesign task steps

Redesign work station

Write a new policy/rule

Enforce existing policy

Routinely inspect for the hazard

Personal Protective Equipment

Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Step 5: Who completed and reviewed this form? (Please Print)

Written by:

Title:

Department:

Date:

Names of investigation team members:

Reviewed by:

Title:

Date: