Incident Investigation Report

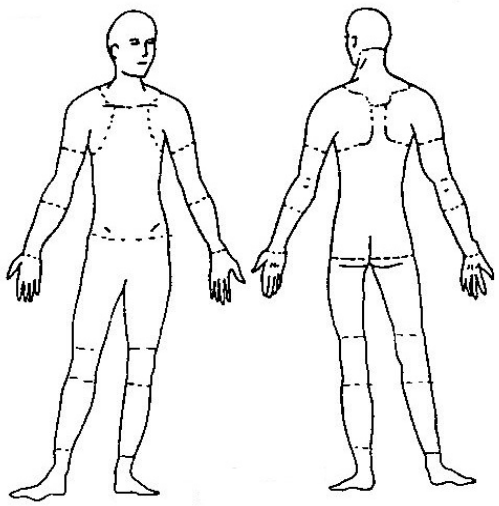
Instructions: Complete this form within time constraints listed in COM Accident Reporting Policy. (Optional: Use to investigate a near miss that *could have resulted in a serious injury or illness*.) **Once completed forward to Safety Services for review.**

This is a report of: ❑ Property Damage ❑ Injury ❑ Motor Vehicle Accident ❑ Near Miss ❑ Death ❑ Other_____	
Date of incident:	This report is made by: ❑ Supervisor ❑ Team ❑ Other:

Step 1: Injured/Involved employee (complete this part for each injured employee)

Name:	Employee ID:	Gender: ❑ M ❑ F
Department:	Job title at time of incident:	
This employee works: ❑ Regular full time ❑ Regular part time ❑ Seasonal ❑ Temporary Agency Worker		
Length of Employment:	Months doing this job:	
Employee went to doctor/hospital? ❑ Yes ❑ No If yes, please provide the following information:		
Doctor's Name:	Hospital Name:	

Part of body affected: (shade all that apply)



Nature of injury: (most serious one)

- ❑ Abrasion, scrapes
- ❑ Amputation
- ❑ Broken bone
- ❑ Bruise
- ❑ Burn (heat)
- ❑ Burn (chemical)
- ❑ Concussion (to the head)
- ❑ Crushing Injury
- ❑ Cut, laceration, puncture
- ❑ Hernia
- ❑ Illness
- ❑ Sprain, strain
- ❑ Damage to a body system:
- ❑ Other _____

Additional Information:

_____
_____
_____
_____
_____
_____
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_____
_____
_____
_____

Step 2: Describe the incident

Exact location of the incident:	Exact time:
What part of employee's workday? ❑ Entering or leaving work ❑ Doing normal work activities ❑ During meal period ❑ During break ❑ Working overtime ❑ Other	
Names of witnesses (if any):	

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:

What personal protective equipment was being used (if any)?

Incident Investigation Report (continued)

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:

Description continued on attached sheets: ❑

Step 3: Department of Transportation (DOT) Post-Accident Testing Criteria

Did this incident involve a Commercial Motor Vehicle driving on public highways or a gas pipeline and/or facility? ❑ Yes ❑ No

If yes, did the incident require DOT Post-Accident substance abuse testing as indicated in the criteria below? ❑ Yes ❑ No

Federal Motor Carrier Safety Administration (FMCSA) - § 382.303 Post Accident Testing: Substance abuse and/or alcohol testing must be performed by the employer if an accident involving a Commercial Motor Vehicle (CMV) operating on a public road resulted in a:

a) Human fatality; **OR**,
b) Citation issued to the CMV driver; **AND**,
    (1) Bodily injury with immediate medical treatment away from the scene; **OR**,
    (2) Disabling damage to any motor vehicle requiring tow away

Pipeline and Hazardous Material Safety Administration (PHMSA) - § 199.105 Post-accident testing: Substance abuse and/or alcohol testing must be performed by the employer if the following events occur as defined in 49 CFR Part 191.3:

1. Involves a release of gas from a pipeline, or of liquefied natural gas, liquefied petroleum gas, refrigerant gas, or gas from an LNG facility **AND** that results in one or more of the following consequences:
    a. A death or personal injury resulting in-patient hospitalization; **OR,**
    b. Estimated property damage of $50,000 or more, including loss to the operator and others, or both, but excluding cost of gas lost; **OR,**
    c. Unintentional estimated gas loss of three million cubic feet or more.
2. Results in an emergency shutdown of an LNG facility.
3. Was significant, in the judgment of the City, even though it did not meet the criteria of paragraphs (1) or (2) above.

If DOT Post Accident testing was not required, was a reasonable suspicion observation made on the employee to determine if employee impairment was a factor in the incident? ❑ Yes ❑ No Signs of impairment? ❑ Yes ❑ No

Incident Investigation Report (continued)

Step 4: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)	Unsafe acts by people: (Check all that apply)
❑ Inadequate guard	❑ Operating without permission
❑ Unguarded hazard	❑ Operating at unsafe speed
❑ Safety device is defective	❑ Servicing equipment that has power to it
❑ Tool or equipment defective	❑ Making a safety device inoperative
❑ Workstation layout is hazardous	❑ Using defective equipment
❑ Unsafe lighting	❑ Using equipment in an unapproved way
❑ Unsafe ventilation	❑ Unsafe lifting
❑ Lack of needed personal protective equipment	❑ Taking an unsafe position or posture
❑ Lack of appropriate equipment / tools	❑ Distraction, teasing, horseplay
❑ Unsafe clothing	❑ Failure to wear personal protective equipment
❑ No training or insufficient training	❑ Failure to use the available equipment / tools
❑ Other: _____	❑ Other: _____

Were safety procedures in place and used? If not, what was wrong?

Why did the unsafe conditions and/or acts exist?

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? ❑ Yes ❑ No If yes, please describe below:

Incident Investigation Report (continued)

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 5: 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

Additional/other recommended preventive action to take in the future to prevent reoccurrence:

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

Description continued on attached sheets: ❑

Based on the information indicated in this report and all contributing factors this accident has been ruled:	❑ **Preventable** ❑ **Non-Preventable**

Step 6: Who completed and reviewed this form? (Please Print)

Written by (Supervisor/Manager):		Date:
Title:	Department:	
Names of investigation team members:		
Reviewed by (Safety Services Representative):		
Title:		Date: