

# University of Northern Iowa Incident Investigation Report

1. Employee Information			
Employee Name	Department	Job Title	Supervisor
2. Related Specific Information			
Check Type of Incident: <input type="checkbox"/> Near Miss, <input type="checkbox"/> First Aid, <input type="checkbox"/> Medical Treatment, <input type="checkbox"/> Fatality, <input type="checkbox"/> Other			
Date	Time	Location / Work Area	Shift
3. Incident Description:			
4. Visible Surface Cause – What caused the incident / accident to occur?			
5. Root Cause Analysis (check all that apply)			
<p style="text-align: center;">Unsafe Acts</p> <input type="checkbox"/> Improper work technique <input type="checkbox"/> Safety policy violation <input type="checkbox"/> Improper PPE / PPE not used <input type="checkbox"/> Operating without permit <input type="checkbox"/> Failure to warn or secure <input type="checkbox"/> Operating at improper speeds <input type="checkbox"/> By-passing safety devices <input type="checkbox"/> Guards not used <input type="checkbox"/> Improper loading or placement <input type="checkbox"/> Improper lifting <input type="checkbox"/> Servicing machinery in motion <input type="checkbox"/> Horseplay <input type="checkbox"/> Drug or alcohol use <input type="checkbox"/> Unnecessary haste <input type="checkbox"/> Unsafe act of others <input type="checkbox"/> Other (specify):	<p style="text-align: center;">Unsafe Conditions</p> <p>Poor workstation design or layout            Congested work area            Hazardous substances            Fire or explosion hazard            Inadequate ventilation            Improper material storage            Improper tool or equipment            Insufficient knowledge of job            Slippery conditions            Poor housekeeping            Excessive noise            Inadequate guarding of hazards            Defective tools/equipment            Insufficient lighting            Inadequate fall protection            Other (specify):</p>	<p style="text-align: center;">System Deficiency(ies)</p> <input type="checkbox"/> Lack of written procedures <input type="checkbox"/> Safety policies not enforced <input type="checkbox"/> Hazards not identified <input type="checkbox"/> PPE unavailable <input type="checkbox"/> Insufficient worker training <input type="checkbox"/> Insufficient supervisor training <input type="checkbox"/> Improper maintenance <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Inadequate job planning <input type="checkbox"/> Inadequate hiring practices <input type="checkbox"/> Inadequate workplace inspection <input type="checkbox"/> Inadequate equipment <input type="checkbox"/> Unsafe design or construction <input type="checkbox"/> Unrealistic scheduling <input type="checkbox"/> Poor process design <input type="checkbox"/> Other (specify):	

6. Analysis – Why did this occur? (Answer the question of why five times)
Why -
Why -
Why -
Why -
Why -

7. Required Corrective / Preventative Actions		
Action Item Detail	Responsible Party	Target Date

8. Required Concurrences		
Title	Signature	Date
Investigator / Supervisor		
Department Manager		
Employee		