

Incident Investigation Form

White Settlement ISD

INCIDENT INFORMATION

Date of Accident:	Time:	Day of Week: S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>	Shift: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Department:
Specific Location of Accident:				School Property: Y <input type="checkbox"/> N <input type="checkbox"/>

INJURED EMPLOYEE DATA

Name:		Address:		
Age:	Phone:			
Job Title:		Supervisor's Name:		
Length of Employment with District:		Length of Employment at Job:		
Employee Classification: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Temporary <input type="checkbox"/>				
Nature of Injury	Bruising <input type="checkbox"/>	Dislocation <input type="checkbox"/>	Other (specify)	Injured Part of Body:
Strain/Sprain <input type="checkbox"/>	Scratch/Abrasion <input type="checkbox"/>	Internal <input type="checkbox"/>		
Fracture <input type="checkbox"/>	Amputation <input type="checkbox"/>	Foreign Body <input type="checkbox"/>		
Laceration/Cut <input type="checkbox"/>	Burn/Scald <input type="checkbox"/>	Chemical Reaction <input type="checkbox"/>		

WITNESSES

Name:	Title:	Phone:
Name:	Title:	Phone:
Name:	Title:	Phone:
Name:	Title:	Phone:

DAMAGED PROPERTY

Property, Equipment, or Material Damaged:	Describe Damage:
	Has equipment been:
Object or Substance Inflicting Damage:	Removed from service - Yes <input type="checkbox"/> No <input type="checkbox"/>
	Repaired Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other

INCIDENT DESCRIPTION

Describe what happened - Reconstruct the sequence of events leading up to and including the incident
 Attach photos and a sketch of the area where the incident occurred. Note any causal factors on the sketch

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ROOT CAUSE ANALYSIS (Mark all that apply)

Improper work technique <input type="checkbox"/>	Poor workstation design or layout <input type="checkbox"/>	Lack of written procedures or policies <input type="checkbox"/>
Safety rule violation <input type="checkbox"/>	Congested work area <input type="checkbox"/>	Safety rules not enforced <input type="checkbox"/>
Improper PPE or PPE not used <input type="checkbox"/>	Hazardous substance <input type="checkbox"/>	Hazards not identified <input type="checkbox"/>
Operating without authority <input type="checkbox"/>	Fire or explosion hazard <input type="checkbox"/>	PPE unavailable <input type="checkbox"/>
Failure to warn or secure <input type="checkbox"/>	Inadequate ventilation <input type="checkbox"/>	Insufficient worker training <input type="checkbox"/>
Operating at improper speeds <input type="checkbox"/>	Improper material storage <input type="checkbox"/>	Insufficient supervisor training <input type="checkbox"/>
By-passing safety devices <input type="checkbox"/>	Improper tool or equipment <input type="checkbox"/>	Improper Maintenance <input type="checkbox"/>
Guards not used <input type="checkbox"/>	Insufficient knowledge of job <input type="checkbox"/>	Inadequate supervision <input type="checkbox"/>
Improper loading or placement <input type="checkbox"/>	Slippery conditions <input type="checkbox"/>	Inadequate job planning <input type="checkbox"/>
Improper lifting <input type="checkbox"/>	Poor housekeeping <input type="checkbox"/>	Inadequate hiring practices <input type="checkbox"/>
Servicing machinery in motion <input type="checkbox"/>	Excessive noise <input type="checkbox"/>	Inadequate workplace inspections <input type="checkbox"/>
Horseplay <input type="checkbox"/>	Inadequate guarding of hazards <input type="checkbox"/>	Inadequate equipment <input type="checkbox"/>
Drug or Alcohol Use <input type="checkbox"/>	Defective tools or equipment <input type="checkbox"/>	Unsafe design or construction <input type="checkbox"/>
Unnecessary haste <input type="checkbox"/>	Insufficient lighting <input type="checkbox"/>	Unrealistic scheduling <input type="checkbox"/>
Unsafe act of others <input type="checkbox"/>	Inadequate fall protection <input type="checkbox"/>	Poor process design <input type="checkbox"/>

Other:

INCIDENT ANALYSIS

Using the root cause analysis above explain the cause of the incident in as much detail as possible.

Could incident have resulted in more serious outcome?	What is the likelihood this incident could recur? High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
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