

Incident Investigation Report

Instructions: The supervisor of the employee is requested to complete this form thoroughly within 24 hours after the event, although some investigations may take longer. If you have questions contact EHS at 319-335-9549, or view ICON course W526OS.

Employee Name:	Date of Incident:		
Employee Job Title:	Date Reported:		
Employee Dept.:	Investigation Date:		
Supervisor Name:	Incident Location:		
Supervisor Job Title:	FROI #:		
Injury Type (strain, cut, etc.):	Body Part:		

Incident Description: Please provide a detailed description of the incident. If possible, have the employee re-create the incident; including who, what, when, where, and why. If more space is needed use the second page for additional description. Attach photos separately.

Preliminary Root Cause Analysis For Consideration (check all that apply)

Contributing Actions		Contributing Conditions	
<input type="checkbox"/> Use of safety devices	<input type="checkbox"/> Recapped needle	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Exposure
<input type="checkbox"/> Use of PPE	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Condition of surface	<input type="checkbox"/> Noise
<input type="checkbox"/> Equipment condition	<input type="checkbox"/> Use of tools	<input type="checkbox"/> Ergonomic issue	<input type="checkbox"/> Chemicals
<input type="checkbox"/> Appropriate equipment use	<input type="checkbox"/> Warning method	<input type="checkbox"/> Guards/barriers	<input type="checkbox"/> Fire/explosion hazard
<input type="checkbox"/> Procedural issues	<input type="checkbox"/> Type of clothing	<input type="checkbox"/> Tools/equipment	<input type="checkbox"/> Radiation
<input type="checkbox"/> Speed of operation	<input type="checkbox"/> Authorization issue	<input type="checkbox"/> Tools/Equipment not available	<input type="checkbox"/> Sharp object
<input type="checkbox"/> Lifting technique	<input type="checkbox"/> Awareness	<input type="checkbox"/> Lighting/Temp/Ventilation	<input type="checkbox"/> Inclement weather
<input type="checkbox"/> Operator skill	<input type="checkbox"/> Lost balance	<input type="checkbox"/> Work area	<input type="checkbox"/> Training
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

Root Cause Narrative: Based on your analysis, please describe what caused this incident. (If more in-depth analysis is needed, use the 5-Why process on the 2nd page).

Possible Corrective Actions For Consideration (check those items that will help prevent recurrence)

<input type="checkbox"/> Isolate & guard the hazard	<input type="checkbox"/> Procedure change	<input type="checkbox"/> Gloves	<input type="checkbox"/> Hard hat
<input type="checkbox"/> Automate a manual process	<input type="checkbox"/> Safety training	<input type="checkbox"/> Respirator	<input type="checkbox"/> Face shield
<input type="checkbox"/> Design out/remove hazard	<input type="checkbox"/> Add signs/warning labels	<input type="checkbox"/> Safety glasses	<input type="checkbox"/> Cut/Puncture resistant clothing
<input type="checkbox"/> Ventilation	<input type="checkbox"/> Improve housekeeping	<input type="checkbox"/> Safety shoes	<input type="checkbox"/> Lab Coat
<input type="checkbox"/> Other:	<input type="checkbox"/> New/different tools/equip	<input type="checkbox"/> Hearing protection	
<input type="checkbox"/> Other:			

Proposed timely corrective actions	Person(s) responsible for completing corrective actions

Supervisor Electronic Signature:		Date:	
Next Level Supervisor Electronic Signature:		Date:	

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Incident Description: Continued from page 1. Use this space to add more information (if necessary).

5-Why Root Cause Analysis

By repeatedly asking the question "Why" (five is a good rule of thumb), you can peel away the layers of symptoms which can lead to the root cause of a problem. Example: Someone slipped and fell. (the problem)

1. Why? - The floor was wet. (first why)
2. Why? - The weather was bad and people tracked snow into the building. (second why)
3. Why? - The floor tile was not slip-resistant and did not absorb moisture. (third why)
4. Why? - The floor mats that are normally put out during bad weather were not put down. (fourth why)
5. Why? - The person that puts out floor mats during bad weather was absent that day and no one assumed his duties. (fifth why, a root cause)

Why 1:

Why 2:

Why 3:

Why 4:

Why 5:

Form routing: E-mail completed forms to your Occupational Safety Representative (if applicable), and EHS: EHS-Investigation@uiowa.edu.