

RMU Incident Investigation and Report Form



SECTION VI: ROOT CAUSE ANALYSIS (Check All That Apply)

Unsafe Acts	Unsafe Conditions	Management Deficiencies
<input type="checkbox"/> 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 substances	<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 inspection
<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/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: <i>Explain</i> _____	<input type="checkbox"/> Other: <i>Explain</i> _____	<input type="checkbox"/> Other: <i>Explain</i> _____

Incident Analysis – describe what action, condition, and / or circumstances caused the incident: _____

Summarize other conditions related to the incident -even contributing factors that may have reduced the severity. (ex. What type of personal protective equipment was being worn-gloves, safety glasses, goggles, mask, etc.?): _____

SECTION VII: PREVENTIVE OR CORRECTIVE ACTIONS

Describe the actions that will be taken to prevent recurrence:

<i>Explain</i> _____	Responsible person: _____	Date to be completed by: _____
<i>Explain</i> _____	Responsible person: _____	Date to be completed by: _____

SECTION VIII: SIGNATURES (Document must be printed and signed)

Employee / Person Involved: <i>Print name:</i> _____ <i>Sign Here:</i> _____	Date: _____
Department Supervisor / Manager: <i>Print name:</i> _____ <i>Sign Here:</i> _____	Date: _____

SECTION IX: DISTRIBUTION

Send completed report to: (include all attachments) Human Resources Safety Officer Director of Affected Dept.

SECTION X: OFFICIAL USE ONLY

_____ Date received Recorded in database _____ Date