SUMMARY INFORMATION

General

Date:	Time:	Day:	Shift:	**ID:**

☐ **Injury/Illness**
☐ *Haskell 1st Aid*
☐ *Off Site 1st Aid*
☐ *OSHA*

☐ **Auto/Property** ☐ **Environment** ☐ **Incident/Near Miss** ☐ **Other – Attach Explanation**

Summary

Description of Incident. *(How the Incident occurred & sequence of events. Attach additional pages, if needed.)*

Primary Analysis

Direct Cause	**Indirect Cause**	**Basic Cause** (Refer to *Proximate Cause Table*)

Surface Cause(s): What actions and/or conditions caused or led up to the event? *(Refer to Potential Cause Matrix)*

Actions:	☐ 1. Procedures	☐ 2. Tools/Equip	☐ 3. Protective Systems	☐ 4. Awareness
Conditions:	☐ 5. Exposure	☐ 6. Tools/Equip	☐ 7. Protective Systems	☐ 8. Workplace Layout

Contributing Factor(s): What Human of System Factors influenced occurrence of the event? *(Refer to Root Cause Profile Chart)*

Human Factors:	☐ 9. Capability	☐ 10. Condition	☐ 11. Behavior	☐ 12. Knowledge/Skill
System Factors:	☐ 13. Supervision	☐ 14. Training	☐ 15. Selection	☐ 16. Planning
	☐ 17. Purchasing	☐ 18. Maintenance	☐ 19. Policies	☐ 20. Communication

The underlying cause of this event is related to:

☐ **Unsafe Condition** ☐ **Unsafe Action** ☐ **Management** ☐ **Other – Attach Explanation**

Corrective Action

Corrective Action Plan: What will be done to prevent a second Incident? *(Attach additional pages, if needed.)*

☐ **Re-Train** ☐ **Re-Design** ☐ **Re-Enforce** ☐ **Other**

Assigned to: Date:

Review

Completed By

Name: Date:

Title: Phone:

Management Review

Safety Manager: Date:

Project Manager: Date:

President: Date:

Employee Acknowledgement

Print Name

Signature: Date:

INJURY INFORMATION

Injured Person

The following sections may contain confidential employee information, please respect the privacy of the injured person by maintaining strict control of this form

First	M.I.	Last	Claim #

SSN:	Date Hired:	DOB:

Emergency Contact:	Phone:

Schedule		*Wage*		*Position*		
						☐ *Apprentice*
Hrs/Day	Days/Wk	*Hourly*	*Fringe*	*Craft*	*Local*	☐ *Journeyman*

Did this injury/illness originate or occur during the course of current employment? ☐ No ☐ Yes ☐ ?

Is this event related to a prior injury/illness or pre-existing condition? ☐ No ☐ Yes ☐ ?

Is the source, cause, or validity of this injury in question or doubt? ☐ No ☐ Yes ☐ ?

Did the injured person report this incident within 24-hrs and prior to medical treatment? ☐ No ☐ Yes ☐ ?

List Any Witnesses

ACTIVITY

What was the employee doing just before the event? (Refer to Injury & Illness Profile)

Action:	**Object:**

EVENT

What actually caused the injury/illness?

Event:	**Source:**

INJURY

What Type of injury/illness resulted from the event?

Nature:

BODY PART

What part of the body was affected or Injured? ***(indicate left or right)***

Head	**Torso**	**Upper Limb**	**Lower Limb**	**Systems**

TREATMENT

What level of treatment was provided?

☐ **On-Site First Aid**	☐ **Off-Site First Aid**	☐ **Off-Site Medical Aid**	☐ **ER/9-1-1**

Medical Facility Name:

Provider Name:	Phone			
Address:	City		State	Zip

Treatment:

Follow Up Treatment Plan:

Released to Job of Injury?	☐ No	☐ Yes	Date:	
Follow up Appointment?	☐ No	☐ Yes	Date:	
Restricted Work Activity?	☐ No	☐ Yes	Starting Date:	Estimated # of days:
Day(s) Away from Work?	☐ No	☐ Yes	Starting Date:	Estimated # of days:

ID:

POTENTIAL CAUSE LIST

List ALL Potential Surface and Contributing Factors	
CODE	***Category & Description*** *(Potential Cause Matrix)*
1.1	*EXAMPLE* Description: Taking Shortcuts – Near shift end, worker was hurrying
	Description:
	Description:
	Description:
	Description:
	Description:
	Description:
	Description:
	Description:
	Description:
	Description:
	Description:
	Description:
	Description:
	Description:
	Description:
	Description:

	Count the number of potential causes for each code			
	1.	2.	3.	4.
	5.	6.	7.	8.
	9.	10.	11.	12.
	13.	14.	15.	16.
	17.	18.	19.	20.

ID:

Sequence of Events

Establish the 'planned' and 'actual' sequence of events.	
Planned Activity	***Actual Events***
Attach JSA / STA or describe below	Describe the events leading up to the event.

Deviations from plan	
	Description:
	Description:
	Description:

Potential Severity (of this or future events)		
☐ LOW	☐ MEDIUM	☐ HIGH

Potential for recurrence		
☐ LOW	☐ MEDIUM	☐ HIGH

Preventative Controls Assigned		
☐ N/A	☐ YES	☐ NO

Attachments:		
☐ 5-Why Analysis	☐ Ishikawa Analysis	☐ Apollo Cause Map & Report

ID:

Employee: _____ DOB: _____ SSN: xxx-xx-_____

Supervisor: _____ Date / Time: _____ _____

Work Area: _____

Details

What were you doing just before the incident / injury occurred? (List activities, tools in use, etc.)

What happened or went wrong? (what *unexpected* action/condition led to the incident / injury)

Describe the incident / injury? (type of incident / injury i.e. Motor vehicle accident, part of the body, etc.)

What specific object/thing/action caused the incident / injury? (machine, tool, environment, chemical, overexertion, etc.)

Was anyone else injured?	☐ Yes ☐ No
Did anyone witness the incident / injury?	☐ Yes ☐ No

Provide any additional details on the back of this form or on an attached sheet of paper.

Statement/Release: I certify that these facts are true and correct to the best of my knowledge. I hereby authorize the full release of all medical records or other information related to this incident, to my employer or their designated representative.

Signature of Employee **Date of Report**

ID:

Name: _____ Craft _____ Level: _____

Work Area: _____ Supervisor: _____

Incident: _____

Details

Did you personally witness the injury / incident?	☐ Yes ☐ No

If NO, skip to the bottom, sign/date, and return.

Who else was in the immediate area?

What did you see/hear/observe?

Please provide a sketch of what you remember seeing on the back of this form.

Did you wish to remain anonymous?	☐ Yes ☐ No

Statement: I certify that these facts are true and correct to the best of my knowledge.

Signature of Witness **Date of Report**

Provide any additional details on the back of this form or on an attached sheet of paper.

ID:

Employee: _____ Craft: _____ ☐STF ☐SUP ☐FMN ☐APP ☐JNY ☐OTH

Supervisor: _____ Date / Time: _____ / _____

Work Area: _____

Details

What was the employees work assignment? (Location, activities, tools in use, etc.)

What factors may have contributed to the event? (*unexpected* actions/conditions)

Unsafe Action ☐ Unsafe Condition ☐ Could be both, explain completely, use back if necessary

What could be done to prevent future events like this? (*Proactive* suggestions.)

Did you witness the incident / injury?	☐ Yes ☐ No
If this is an injury, do you question the validity of how it occurred?	☐ Yes ☐ No

Provide any additional details on the back of this form or on an attached sheet of paper.

Statement: I certify that the above facts are true and correct to the best of my knowledge.

Signature of Supervisor **Date of Report**

ID:

Direct Causes	Indirect Causes	Basic Causes
Struck by/against	Failure to secure	No oversight
Falls	Guarding	Poor maintenance.
Caught in/between	Improper use	Training
Exertion	Unsafe position	Policies
Contact with….	Environmental	Stress
Impact (vehicle)	Defect	Engineering
Failure to recognize	Actions	Situational awareness

ID:

Use this table to identify potential cause paths.

Surface Factors				
Actions	**1. Procedures PROCEDURES**	**2. Tools/Equip./Vehicles**	**3. Protective Systems**	**4. Awareness**
	1.1 Taking shortcuts	2.1 Improper use of	3.1 Failure to use PPE	4.1 Lack of Awareness
	1.2 Lack of Authorization	2.2 Inappropriate for Task	3.2 Improper use of PPE	4.2 Distractions
	1.3 Violation of procedure	2.3 Using Broken/Defective/Incomplete	3.3 Failure to use Protective Systems	4.3 Change in process
	1.4 Using wrong procedure	2.4 Exceeding Limitations of	3.4 Removal of Protective Systems (guards)	4.4 Routine/Repetitive Activity
	1.5 Improper application of procedure	2.5 Unauthorized Modification of	3.5 Using Inadequate Protective Systems	4.5 Body Position
	1.6 Other	2.6 Other	3.6 Other	4.6 Other
Conditions	**5. Exposure To**	**6. Tools/Equip./Vehicles**	**7. Protective Systems**	**8. Workplace Layout**
	5.1 Previously Unidentified Hazards	6.1 Broken/Defective	7.1 Inadequate Guards/Protection	8.1 Congested or Limited Space
	5.2 General Environment (weather, etc.)	6.2 Inadequate	7.2 Defective Guards/Protection	8.2 Illumination/Ventilation/Sanitation
	5.3 Acts of Violence	6.3 Incorrect/Wrong	7.3 Inadequate Warning Systems	8.3 Organization/Housekeeping
	5.4 3rd Party Activity/Condition	6.4 Beyond Usable Service Life	7.4 Protective Devices not available	8.4 New/Unfamiliar work area
	5.5 Significant External Event	6.5 Unauthorized Modification of	7.5 Exceeding Design Limitations	8.5 Access/Egress Restrictions
	5.6 Other	6.6 Other	7.6 Other	8.6 Other
Contributing Factors				
Human	**9. Physical Capabilities**	**10. Physical Condition**	**11. Behavior**	**12. Skill Level**
	9.1 Physical Deficiency	10.1 Previous Injury/Illness	11.1 Aggressive	12.1 Lack of Skill
	9.2 Sensory Deficiency	10.2 Anxiety/Stress	11.2 Overconfident	12.2 New Skill
	9.3 Systemic Deficiency	10.3 Fatigue/tiredness	11.3 Negligent	12.3 Infrequent Skill
	9.4 Exceeding Personal Limitations	10.4 Substance Abuse	11.4 Apprehensive	12.4 Repetitive Skill
	9.5 Other	10.5 Other	11.5 Other	12.5 Other
System	**13. Management**	**14. Training**	**15. Employee Selection**	**16. Schedule/Planning**
	13.1 Commitment	14.1 Need not recognized	15.1 Incomplete Background Check	16.1 Time Pressure
	13.2 Chain of Command	14.2 Not Provided	15.2 Not qualified/Under qualified	16.2 Budget Pressure
	13.3 Leadership/Supervision	14.3 Inadequate	15.3 Unaddressed Historical Issues	16.3 Lack of Resources
	13.4 Failure to correct deficiencies	14.4 Negative Reinforcement	15.4 Substance Abuse	16.4 Accelerated Schedule
	13.5 Other	14.5 Other	15.5 Other	16.5 Other
	17. Purchasing	**18. Maintenance**	**19. Policies/Procedures**	**20. Communication**
	17.1 Wrong item/part	18.1 Lack of Maintenance	19.1 Lack of Policy	20.1 Communication Barriers
	17.2 Substituted item/part	18.2 Inadequate Maintenance	19.2 Inadequate Policy	20.2 Lack of Communication
	17.3 Shipping Delay	18.3 Exceeded Lifespan	19.3 Lack of Policy Enforcement	20.3 Conflicting Communications
	17.4 Ordering Delay	18.4 Failure to Inspect	19.4 Changes to Policy	20.4 Communication method
	17.5 Other	18.5 Other	19.5 Other	20.5 Other
Responsibility:		**1. Employee**	**2. Management**	**3. Other**

ID:

Use the following tables to categorize injury and illness events

What was the employee doing just before the event?

Activity	Action:		Object:	
	Sitting	Holding	Tool	Person/Self
	Standing	Using	Equipment	Environment
	Walking	Positioning	Material	Surfaces
	Climbing	Unknown/Other	Structure	Unknown/Other

What actually caused the injury/illness?

Event	Event:		Source:	
	Struck by…	Slip/Trip/fall	Chemical	Environment
	Exposure to…	Fall to lower level	Tool	Position/Motion
	Contact with…	Overexertion	Vehicle/Equipment	Structures/Fixtures
	Caught in/by…	Unknown/Other	Material/Debris/Waste	Unknown/Other

What Type of injury/illness resulted from the event?

Injury				
	Amputation	Bruise/Contusion	Foreign body/Irritation	CTS/RSI
	Abrasion / Irritation	Burn-Thermal	Fracture /Dislocation	Stress/Trauma
	Laceration / Puncture	Burn-Chemical	Sprain/Strain	Occ. Illness
	Bite/Sting	Cold/Heat-Related	Multiple Injuries	Unknown/Other

What part of the body was affected or Injured? *(indicate left or right)*

Body Part	Head	Torso	Upper Limb	Lower Limb	Systems
	Eyes	Chest	Shoulder	Hip	Respiratory
	Ears	Abdomen	Arm	Leg	Circulatory
	Nose	Upper Back	Elbow	Knee	Digestive
	Mouth	Lower Back	Wrist	Ankle	Reproductive
	Neck	Buttock	Hand	Foot	Nervous
	Skull/Head	Groin/Pelvis	Thumb	Heel	Skeletal
	Chin/Jaw	Side	Finger	Toe	Skin
	Unknown/Other	Unknown/Other	Unknown/Other	Unknown/Other	Unknown/Other

ID: