



# INCIDENT INVESTIGATION REPORT

To be completed by the Safety Director, Foreman, Superintendent and Project Manager.  
 To be completed for major incidents, including all recordable injuries and major near misses.

Energy Efficiency Specialists™

*Must be submitted within 24 Hours*

**Incident Information**

Employee Name: \_\_\_\_\_ Job Name: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Place of Incident: \_\_\_\_\_  
 Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ am \_\_\_\_\_ pm  
 Date Incident Reported: \_\_\_\_\_ Time Incident Reported: \_\_\_\_\_ am \_\_\_\_\_ pm  
 Type of Incident:    Near Miss    Injury    Illness    Damage – Property   Material   Equip.

**Injury & Medical Treatment**

Injured Part of Body: \_\_\_\_\_ Diagnosis of Injury: \_\_\_\_\_  
 Treatment:    No Treatment    First Aid    Urgent Care Clinic    ER / Hospital    Other: \_\_\_\_\_  
 Results of Injury:    Released to Full Duty    Light/Modified Duty    NOT released to any work    Lost Time

**Incident Description**

Describe what happened (Who, What, Where, When, Why & How). Be specific and detailed

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<b>Contributing Factors</b>			<b>Check all that apply</b>
<i>Unsafe Acts</i>	<i>Unsafe Conditions</i>	<i>Management Deficiencies</i>	
<input type="checkbox"/> Improper PPE or PPE not used	<input type="checkbox"/> Congested work area	<input type="checkbox"/>	Lack of written procedures/policies
<input type="checkbox"/> Safety rule violation	<input type="checkbox"/> Inadequate ventilation	<input type="checkbox"/>	Safety rules not enforced
<input type="checkbox"/> By-passing safety devices	<input type="checkbox"/> Improper material storage	<input type="checkbox"/>	Hazards not identified
<input type="checkbox"/> Guards not used	<input type="checkbox"/> Improper tool or equipment	<input type="checkbox"/>	PPE unavailable
<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Insufficient knowledge of job	<input type="checkbox"/>	Insufficient employee training
<input type="checkbox"/> Improper lifting	<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/>	Insufficient supervisor training
<input type="checkbox"/> Improper loading or placement	<input type="checkbox"/> Poor work area design or layout	<input type="checkbox"/>	Inadequate job planning
<input type="checkbox"/> Failure to warn or secure	<input type="checkbox"/> Inadequate fall protection	<input type="checkbox"/>	Poor access, housekeeping
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Inadequate lighting	<input type="checkbox"/>	Other:
<input type="checkbox"/> Improper work technique	<input type="checkbox"/> Inadequate guarding of hazards	<input type="checkbox"/>	
<input type="checkbox"/> Fatigue/lack of focus	<input type="checkbox"/> Slippery conditions	<input type="checkbox"/>	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/>	



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## Incident Analysis – Explain the cause(s) of the incident detail

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Was corrective action taken? YES NO	If YES, what was the action? If NO, why not?
How bad could the accident have been? very serious serious minor	What is the chance the accident could happen again? very likely likely not likely

## Preventative and/or Corrective Actions

Indicated Corrective Actions	Deadline	By Whom	Complete

## Investigative Team

Name	Signature	Position/Title	Date