

12) Severity:

Actual Severity: Minor Medium Major

Potential Severity: Minor Medium Major

Formal Investigation: Yes No

Frequency: Rare Occasional Frequent

(Note: All major, frequent and high recurrence incidents are to be investigated)

Potential for Recurrence: Low Medium High

13) For Injury/Illnesses Only: *(This section only to be filled out for injury/illness)*

<p>Body Part(s) Injured:</p> <p><input type="checkbox"/> Eyes <input type="checkbox"/> Head <input type="checkbox"/> Fingers <input type="checkbox"/> Hands <input type="checkbox"/> Arms <input type="checkbox"/> Back <input type="checkbox"/> Knees <input type="checkbox"/> Legs <input type="checkbox"/> Trunk <input type="checkbox"/> Feet</p> <p><input type="checkbox"/> Internal <input type="checkbox"/> Other: (specify) _____</p> <p>Injury/Illness Classification:</p> <p><input type="checkbox"/> First Aid <input type="checkbox"/> Medical Aid <input type="checkbox"/> Restricted Duty <input type="checkbox"/> Lost Time Incident <input type="checkbox"/> Fatality</p> <p><i>(Note: Investigation required for M.A., R.D., L.T.I and Fatality)</i></p> <p>Nature of Injury:</p> <p><input type="checkbox"/> Cut <input type="checkbox"/> Fracture <input type="checkbox"/> Crush <input type="checkbox"/> Burn <input type="checkbox"/> Allergy <input type="checkbox"/> Bruise <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Scrape <input type="checkbox"/> Shock</p> <p><input type="checkbox"/> Welding Flash <input type="checkbox"/> Amputation <input type="checkbox"/> Foreign Body <input type="checkbox"/> Other (specify) _____</p>

14) Cost: Estimated *(Incident cost includes: manpower, equipment, lost hours, production loss, replacement and repair)*

15) Causes: *(Refer to Page 3)*

Immediate: _____

Basic: _____

Corrective Actions/Work to Control Loss	By Whom:	Date Due:

16) Signed: _____ **Date:** _____
(By Person Completing Report)

17) Signed Off By: _____ **Date:** _____
(Supervision/ Management On-Site)

Signed Off By: _____ **Date:** _____
(Project or Site Manager)

Signed Off By: _____ **Date:** _____
(Area Manager)

Near Miss Incidents and incidents that are not major or require formal investigation may not need Manager's Signature)

IDENTIFICATION OF ALL CAUSAL FACTORS

IMMEDIATE CAUSES

Substandard Actions

- Operating without authority
 - Tampering or unauthorized
 - Unsafe position
 - Trying to gain or save time
 - Working unsafely on moving or dangerous equipment
 - Other (*specify*): _____
- Failure to warn or secure
 - Unsafe lifting or carrying
 - Inattentive to job hazards
 - Procedural deviation

Substandard Conditions

- Inadequately guarded
 - Inadequate ventilation
 - Congested area
 - Defective equipment, materials, tools
 - Other (*specify*): _____
- Inadequate illumination
 - Substandard housekeeping
 - Inadequate warning system

Contributing Factors

- Tried to avoid extra effort
 - Insufficient line-up/follow-up by supervision
 - Other (*specify*): _____
- Exposed to extreme temperature

BASIC CAUSES

- Inadequate design or construction
 - Low maintenance standards
 - Low work standard
 - Lack of knowledge or skill
 - Improper motivation
 - Other (*specify*): _____
- Worn out from normal use
 - Low purchasing standards
 - Overlooked by inspection
 - Physical problems
 - Insufficient planning

WORK TO CONTROL LOSS/RECOMMENDATIONS TO PREVENT RECURRENCE

- Training required
 - Instruct persons involved
 - Reassign person(s) involved
 - Improve housekeeping clean-up
 - Require procedure or revision
 - Inform department personnel
 - Improve compliance with standards
 - Other (*specify*): _____
- Repair, replace or provide equipment
 - Implement corrective action
 - Improve inspection
 - Improve design
 - Improve protective equipment
 - Improve rules and regulations

Part B

