Instructions: Obtain statements from the injured employee/people and any witnesses to include what happened, what caused the incident and what were the contributing factors to the incident. To do this, reconstruct the sequence of events that led to the injury. Attach additional sheets if necessary. Provide copies of the completed form and all Incident Statement Forms to: agency safety coordinator, the field safety coordinator, supervisor and bureau director or field manager.

Injured Employee Data

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Working Title</th>
<th>Personnel Number</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Date of Incident | Time of Incident | Claim Number (if known) |
<table>
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<tbody>
<tr>
<td></td>
<td></td>
<td>a.m. p.m.</td>
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</tbody>
</table>

Work Organization/Location

<table>
<thead>
<tr>
<th>Supervisor</th>
<th>Supervisor Telephone Number</th>
<th>Supervisor Email</th>
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</table>

Incident Description:

1. Where did the incident happen and who was involved? Provide a full description of the surroundings of the location and the individuals involved.

2. What was happening at the time of the incident and why was it taking place?

3. What events lead up to the incident? Describe the sequence in order and when they took place.

4. What exactly caused the injury and how did it happen? What mechanics, equipment or tools were involved?
5. Describe the injury. Include the affected body part(s) and injury type or indicate no injury occurred.

6. If a physical injury was avoided, describe what happened that could have potentially resulted in injury?

Additional Information
Provide any additional information important to the investigation (pictures taken, evidence collected).

Initial Investigator:

<table>
<thead>
<tr>
<th>Incident Investigator Name</th>
<th>Date of Investigation</th>
<th>Time of Investigation</th>
</tr>
</thead>
<tbody>
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<td>a.m.  p.m.</td>
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</tbody>
</table>
### Accident / Incident Investigation Form

#### CHECK ALL DIRECT CAUSES THAT APPLY

**What CONDITION of tools, equipment, or work area contributed to incident?**

- [ ] Close Clearance/Congestion
- [ ] Hazardous Placement
- [ ] Inadequate Warning System
- [ ] Improper Material Storage Tools/Equipment/Vehicle
- [ ] Inadequate/Improper PPE
- [ ] Floors/Work Surfaces
- [ ] Inadequate Ventilation
- [ ] Inadequate Illumination
- [ ] Inadequate Guards/Barrier
- [ ] Equipment/Workstation Design
- [x] Not Applicable
- [ ] Other ______

**What ACTION or INACTION contributed to the incident?**

- [ ] Failure to Make Secure
- [ ] Improper Lifting
- [ ] Used Equipment Improperly
- [ ] Operating Procedure Deviation
- [ ] Horseplay/Distractive Active
- [ ] Nullified Safety/Control Devices
- [ ] Servicing Equipment In Motion
- [ ] Used Defective Equipment
- [ ] Improper Technique
- [ ] Unauthorized Actions
- [ ] Improper Position
- [ ] Unsafe Act of Another Staff
- [ ] Running/Rushing/Acting In Haste
- [ ] Other ______
- [x] Not Applicable

#### CHECK ALL UNDERLYING OR ROOT CAUSES THAT APPLY

**What caused or influenced the substandard conditions or behaviors?**

- [ ] Lack of Proper Procedures
- [ ] Inadequate Job Training Methods
- [ ] Inadequate Maintenance Standards
- [ ] Poor Work Design
- [ ] Lack of Communication Between Staff
- [ ] Life
- [ ] Inadequate Cleaning
- [ ] Inadequate Preventive Maintenance
- [ ] Lack of Proper Procedures
- [ ] Inadequate Job Instructions
- [ ] Inadequate Job Training Methods
- [ ] Inadequate Maintenance Standards
- [ ] Poor Work Design
- [ ] Lack of Communication Between Staff
- [ ] Life
- [ ] Inadequate Cleaning
- [ ] Inadequate Preventive Maintenance
- [ ] Lack of Skill
- [ ] Improper Layout or Design
- [ ] Poor Work Practice
- [ ] Inadequate Tools
- [ ] Improper Planning
- [ ] Inadequate Environmental Controls
- [ ] Inadequate Capacity
- [ ] Improper Enforcement or Work Standards
- [ ] Other ______
### CHECK ALL ACTIONS NECESSARY TO CORRECT THE DIRECT AND ROOT CAUSES

**What corrective actions have been taken or are needed to prevent a recurrence?**

- [ ] Task Analysis/Procedure Revision
- [ ] Reinstruction of Employees
- [ ] Eliminate Congestion
- [ ] Task Analysis to Be Completed
- [ ] Improve Design/Construction
- [ ] Improve Illumination
- [ ] Other ______
- [ ] Improve Clean-Up Procedures
- [ ] Improve Storage/Arrangement
- [ ] Improve/Change Work Method
- [ ] Install/Revise Guards/Devices
- [ ] Job Reassignment of Employees
- [ ] Mandatory Pre-Job Instructions
- [ ] Repair/Replace Equipment
- [ ] Rotation of Employee
- [ ] Identify/Improve PPE
- [ ] Improve Enforcement
- [ ] Use Other Materials/Supplies
- [ ] Improve Ventilation

### Recommended corrective actions or preventive measures to be taken

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Date Complete</th>
</tr>
</thead>
<tbody>
<tr>
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Investigation Review (Initial after reviewing the findings of the investigation):

<table>
<thead>
<tr>
<th>Initials</th>
<th>Review Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td></td>
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<tr>
<td>Manager</td>
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<tr>
<td>Site/Regional Manager</td>
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<tr>
<td>Safety Representative</td>
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<tr>
<td>Director/Deputy</td>
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