

Incident/Illness Investigation Report

Input form

(1) Case # _____ (must be unique)

(2) Company _____

(4) Department _____

(5) Date of incident or diagnosis ____/____/____

(6) Was an employee injured in the incident? Yes No

(7) Did this incident involve an employee illness? Yes No

(8) Did the incident involve property damage? Yes No

(9) Was a motor vehicle involved in this incident? Yes No

(10) Name of injured, ill or involved employee _____ (11) _____
(first name) (initial) (last name)

(12) Employee Social Security # _____ (13) Sex M F (14) Age _____

Brief description of incident _____ (15) Employee's usual occupation _____

_____ (16) Occupation at time of incident _____
(if different from above)

Brief description of employee's injury or illness _____

(17) Employment category: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Temporary <input type="checkbox"/> Nonemployee	(18) Length of employment: <input type="checkbox"/> 1 mo. (or less) <input type="checkbox"/> 1-6 mos. <input type="checkbox"/> 6 mos. – 1 yr. <input type="checkbox"/> 1 yr. – 5 yrs. <input type="checkbox"/> 5 yrs. (or more)	(19) Time in occupation at time of incident: <input type="checkbox"/> 1 mo. (or less) <input type="checkbox"/> 1-6 mos. <input type="checkbox"/> 6 mos. – 1 yr. <input type="checkbox"/> 1 yr. – 5 yrs. <input type="checkbox"/> 5 yrs (or more)	(20) Time of incident ____ : ____ am or pm (21) Shift _____ (22) Location _____ (23) Day of week of incident ____ (Sun.=1, Sat.=7) Specific location of incident _____ On employer's premises <input type="checkbox"/> Yes <input type="checkbox"/> No
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Case #s or names of others injured, ill or involved in same incident _____

(24) Severity of injury or illness: <input type="checkbox"/> First aid only <input type="checkbox"/> Medical treatment <input type="checkbox"/> Lost workdays – days of restricted activity. How many? _____ <input type="checkbox"/> Lost workdays – away from work. How many? _____ <input type="checkbox"/> Fatality, date of death ____ / ____ / ____	(25) OSHA recordable? <input type="checkbox"/> Yes <input type="checkbox"/> No	(26) OSHA illness code (if applicable) <input type="checkbox"/> Occupational skin diseases or disorders <input type="checkbox"/> Dust diseases of the lungs <input type="checkbox"/> Respiratory conditions (due to toxic agents) <input type="checkbox"/> Poisoning (systemic effects of toxic materials) <input type="checkbox"/> Disorders due to physical agents <input type="checkbox"/> Disorders associated with repeated trauma <input type="checkbox"/> All other occupational illnesses
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(27) Phase of employee's workday at time of incident:

<input type="checkbox"/> Performing work duties	<input type="checkbox"/> During meal period	<input type="checkbox"/> Chronic exposure
<input type="checkbox"/> During rest period	<input type="checkbox"/> Entering or leaving workplace	<input type="checkbox"/> Other

(28) General type of task _____

(29) Specific activity _____

(30) Employee was working: Alone With a crew or co-worker _____

Other, specify _____

(31) Supervision at time of incident Directly supervised Indirectly supervised
 Not supervised Supervision not feasible

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Name and address of physician _____

Name and address of hospital _____

COST ESTIMATES

(32) Direct or indirect cost estimates: Actual estimates Formula-generated average Both

Actual cost estimate section:

(33) Property and equipment damage \$ ____ (34) Product spoilage \$ ____ (35) Production interruption \$ ____

(36) Lost work time (other than injured) \$ _____ (37) Retraining \$ _____

(38) Administrative time \$ _____

(39) Workers' comp (medical + indemnity paid + indemnity reserve) \$ _____ Total \$ _____

(40) Total cost \$ _____ is estimated or actual

Formula-generated average cost section:

(41) Average hourly wage plus fringe benefits for this job \$ ____ . ____

(42) Body part: Head, face Eye Neck/shoulder Arm(s)/elbow Wris/hand

Thumb/finger Back Chest/lower trunk Rib Hip

Leg/knee Foot/ankle Toe Hernia, rupture

Heart attack Hearing loss Death

Other (43) (estimate work hours lost _____ hours)

(44) Injury type: Amputation Strain, sprain, crush or mash Fracture Cut, puncture or laceration

Burn Bruise/abrasion Other

Formula-generated cost estimate (from computer calculation) \$ _____

(45) Yes No **Do you use: ANSI Z16.2 coding?** If no, proceed to question (55).

(46) Nature of injury code _____ (47) Body part affected code _____

(48) Injury source code _____ (49) Incident type code _____

(50) Hazardous source condition _____ (51) Agency of incident code _____

(52) Agency of incident part code _____ (53) Nature of illness code (BLS) _____ (54) Other code _____

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Causal factors:

Part 1 – Equipment

Answer the following questions yes or no by marking the appropriate box or circle. A marked circle indicates a possible causal factor.

Yes No

- (55) 1.0 Was a hazardous condition a contributing factor? If no, proceed to question (69).
- (56) 1.1 Did any defects in equipment/tool/material contribute to hazardous condition?
- (57) 1.2 Was the hazardous condition recognized? If yes, answer 1.2a and 1.2b. If no, proceed to 1.3.
- (58) 1.2a Was the hazardous condition reported?
- (59) 1.2b Was employee informed of the hazardous condition and the job procedures for dealing with it as an interim measure?
- (60) 1.3 Was there an equipment inspection procedure to detect the hazardous condition?
- (61) 1.4 Did the existing equipment inspection procedure detect the hazardous condition?
- (62) 1.5 Was the correct equipment/tool/material used?
- (63) 1.6 Was the correct equipment/tool/material readily available?
- (64) 1.7 Did employee know where to obtain equipment/tool/material required for the job?
- (65) 1.8 Was substitute equipment/tool/material used in place of correct one?
- (66) 1.9 Did the design of the equipment/tool create operator stress or encourage operator error?
- (67) 1.10 Did the general design or quality of the equipment/tool contribute to a hazardous condition?
- (68) 1.11 List other causal factors: _____

Part 2 – Environment

Yes No

- (69) 2.0 Was the location/position of equipment/material/employee a contributing factor? If no, proceed to question (79).
- (70) 2.1 Did the location/position of equipment/material/employee contribute to a hazardous condition?
- (71) 2.2 Was the hazardous condition recognized? If yes, answer 2.2a and 2.2b. If no, proceed to 2.3.
- (72) 2.2a Was the hazardous condition reported?
- (73) 2.2b Was employee informed of the job procedure for dealing with the hazardous condition as an interim action?
- (74) 2.3 Was employee supposed to be in the vicinity of the equipment/material?
- (75) 2.4 Was the hazardous condition created by the location/position of equipment/material visible to employees?
- (76) 2.5 Was there sufficient workspace?
- (77) 2.6 Were environmental conditions a contributing factor (for example, illumination, noise levels, air contaminants, temperature extremes, ventilation, vibration, radiation)?
- (78) 2.7 List other causal factors: _____

- (79) 3.0 Was the job procedure used a contributing factor? If no, proceed to question (88).
- (80) 3.1 Was there a written or known procedure for this job? If yes, answer 3.1a, 3.1b and 3.1c. If no, proceed to 3.2.
- (81) 3.1a Did job procedures anticipate the factors contributing to the incident?

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- (82) 3.1b Did employee know the job procedure?
- (83) 3.1c Did employee deviate from the known job procedure?
- (84) 3.2 Was employee mentally and physically capable of performing the job?
- (85) 3.3 Were any tasks in the job procedure too difficult to perform (for example, excessive concentration or physical demands)?
- (86) 3.4 Is the job structured to encourage or require deviation from job procedures (for example, incentive, piecework, work pace)?
- (87) 3.5 List other causal factors: _____

- (88) 3.6 Was lack of personal protective equipment or emergency equipment a contributing factor in the injury? If no, proceed to question (100).
- (89) 3.7 Was appropriate personal protective equipment specified for the task or job? If no, proceed to 3.10.
- (90) 3.7a Was appropriate PPE available?
- (91) 3.7b Did employee know that wearing specified PPE was required?
- (92) 3.7c Did employee know how to use and maintain the PPE?
- (93) 3.8 Was the PPE used properly when the injury occurred?
- (94) 3.9 Was the PPE adequate?
- (95) 3.10 Was emergency equipment specified for this job (for example, emergency showers, eyewash fountains)? If yes, answer 3.10a, 3.10b and 3.10c. If no, proceed to 3.11.
- (96) 3.10a Was emergency equipment readily available?
- (97) 3.10b Was emergency equipment properly used?
- (98) 3.10c Did emergency equipment function properly?
- (99) 3.11 List other causal factors: _____

Part 4 – Management

Yes No

- (100) 4.0 Was a management system defect a contributing factor? If no, proceed to question (108).
- (101) 4.1 Was there a failure by supervision to detect, anticipate or report a hazardous condition?
- (102) 4.2 Was there a failure by supervision to detect or correct deviations from job procedures?
- (103) 4.3 Was there a supervisor/employee review of hazards and job procedures for tasks performed infrequently? (Not applicable to all incidents.)
- (104) 4.4 Was supervisor responsibility and accountability adequately defined and understood?
- (105) 4.5 Was supervisor adequately trained to fulfill assigned responsibility in incident prevention?
- (106) 4.6 Was there a failure to initiate corrective action for a known hazardous condition that contributed to this incident?
- (107) 4.7 List other causal factors: _____

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5.1 Identify adverse environments: If one or more boxes is marked, elaborate under A, B, C or D below.

- (109) A. Physical (noise, temperature, radiation, ergonomics)
- (110) B. Chemical (solvents, liquid chemicals, gases, dusts, fumes)
- (111) C. Biological (bacteria, viruses, insects, animals)
- (112) D. Medical problem (first aid, ambulance or primary care availability, standing orders, medical data communications)
- (113) E. Other or unknown

5.1A Physical agent

- (114) 1. Noise, vibration
- (115) 2. Temperature extremes
- (116) 3. Ionizing radiation (X, gamma, beta and alpha rays)
- (117) 4. Nonionizing radiation (microwaves, lasers, ultraviolet rays, infrared radiation, RF)
- (118) 5. Ergonomic (repetitive motion trauma, lighting, glare, incorrect or insufficient tooling)
- (119) 6. Other
- (120) Type of agent _____

5.1B Chemical agent

- (121) 1. Solvents (122) Solvent name _____
- (123) 2. Acids, bases (124) Acid or base name _____
- (125) 3. Laboratory reagents (126) Chemical name _____
- (127) 4. Other toxic chemicals (128) Chemical name _____
- (129) Unknown or combination

5.1C Biological agent

- (130) 1. Microorganism (131) Microorganism's name _____
- (132) 2. Insect (133) Insect's name _____
- (134) 3. Animal (135) Animal species _____

5.1D Medical problem

(136) _____

Corrective actions

Those that have been, or will be, taken to prevent reoccurrence. _____

Yes No

(137) Were all of the above corrective actions taken?

Prepared by: _____ Approval: _____

Title: _____ Title: _____ Date: _____

Department: _____ Date: _____ Approval: _____

Title: _____ Date: _____