HARVARD
Campus Services
ENVIRONMENTAL HEALTH, SAFETY & EMERGENCY MANAGEMENT

INCIDENT INVESTIGATION REPORT

Instructions: Complete this form as soon as possible **after an incident that results in serious injury or illness**. (**Optional**: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness*.)

Name of Injured Person _____ ❑ Male ❑ Female

Date of Incident _____ Time _____ Day of week S M T W T F S

Shift _____ Department _____

This is a report of a: ❑ Death ❑ Lost Time ❑ Medical Only ❑ First Aid Only ❑ Near Miss

Date of Report: | Reported by: ❑ Supervisor ❑ EH&S ❑ Team ❑ Other_____

DESCRIBE THE INCIDENT

Exact Location of the Incident: | Exact Time:

What part of employee's workday?

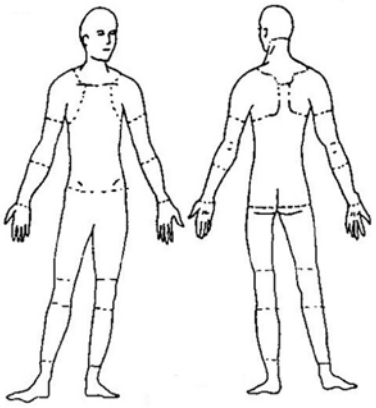
❑ Start of shift	❑ End of shift	❑ During normal work activities
❑ During meal or break period	❑ Working overtime	❑ Other_____

INJURED EMPLOYEE

Employee Works: ❑ Regular full time ❑ Regular part time ❑ Seasonal ❑ Temporary

Months with Employer _____ Months Doing Job: _____

Shade all parts of the body affected



Nature of Injury:(most serious one)

❑ Abrasion, scrapes
❑ Amputation
❑ Broken bone
❑ Bruise
❑ Burn (heat)
❑ Burn (chemical)
❑ Concussion (to the head)
❑ Crushing Injury
❑ Cut or puncture
❑ Inhalation
❑ Electrical shock
❑ Sprain, strain
❑ Illness
❑ Other _____

Injury/Illness Comments:

What personal protective equipment was being used (if any)?

Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials, and other important details.

Description continued on attached sheets: ❑

Number of Attachments	#
Number of Witness Statements	#
Maps/Drawings Included?	Yes No
Photographs	Yes No

DAMAGED PROPERTY

Property, Equipment or Materials Damaged:

Object or Substance Inflicting Damage:

Describe Damage:

ROOT CAUSE

Unsafe **workplace conditions**: (Check all that apply)

- ❑ Inadequate guard
- ❑ Unguarded hazard
- ❑ Safety device is defective
- ❑ Tool or equipment defective
- ❑ Workstation layout is hazardous
- ❑ Unsafe lighting
- ❑ Unsafe ventilation
- ❑ Lack of personal protective equipment (PPE)
- ❑ Lack of appropriate equipment / tools
- ❑ Unsafe clothing
- ❑ No training or insufficient training
- ❑ Other: _____

Unsafe **acts** by people: (Check all that apply)

- ❑ Operating without permission
- ❑ Operating at unsafe speed
- ❑ Servicing equipment that has power to it
- ❑ Making a safety device inoperative
- ❑ Using defective equipment
- ❑ Using equipment in an unapproved way
- ❑ Unsafe lifting
- ❑ Taking an unsafe position or posture
- ❑ Distraction, teasing, horseplay
- ❑ Failure to wear personal protective equipment
- ❑ Failure to use the available equipment / tools
- ❑ Other: _____

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Is there an advantage that may have encouraged the unsafe conditions or acts? (For example: The job can be done more quickly if it is done unsafely). ❑ No ❑ Yes if yes, Describe:

HOW CAN FUTURE INCIDENTS BE PREVENTED?

What changes do you suggest to prevent this incident/near miss from happening again?

❑ Train the supervisor(s)	❑ Redesign work station	❑ Write a new policy/rule
❑ Stop this activity	❑ Stop this activity	❑ Guard the hazard
❑ Routinely inspect for the hazard	❑ Redesign task steps	❑ Other:
❑ Personal Protective Equipment	❑ Train the employee(s)	_____

What should be done (or has been) done to implement the changes (s) checked above?

Description continued on attached sheets: ❑

WHO COMPLETED AND REVIEWED THIS FORM? (PLEASE PRINT)

Written by:	Title:
Department:	Date:

Names of Investigation Team Members

1.	2.
Reviewed by:	Title:
Department:	Date: