

RMU Incident Investigation and Report Form

Instructions: Fill in form by clicking on fields to enter data. Save file and print for proper distribution.

SECTION I. INCIDENT INFORMATION

Date of Incident (m/d/y) <input style="width: 100%;" type="text"/>	Time of Incident <input type="checkbox"/> AM <input type="checkbox"/> PM <input style="width: 100%;" type="text"/>	Location of Incident: (Be specific to building, room, area, or location on premises ex. ISC, Golf Dome, Practice Range, North Stair to mezzanine) <input style="width: 100%;" type="text"/>
Incident Investigation / Report completed by (Employee or Department Supervisor name): <input style="width: 100%;" type="text"/>		

Witness(es) to Incident:	<i>Name/phone number</i> <input style="width: 100%;" type="text"/>
	<i>Name/phone number</i> <input style="width: 100%;" type="text"/>

SECTION II. INJURED PERSON DETAILS

Name of Injured Person: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input style="width: 100%;" type="text"/>	Home Ph: <input style="width: 100%;" type="text"/>
Address: <input style="width: 100%;" type="text"/>			

Person Injured Is:			
<input type="checkbox"/> RMU Employee	Department: <input style="width: 100%;" type="text"/>	Position: <input style="width: 100%;" type="text"/>	Staff Start Time: <input style="width: 100%;" type="text"/>
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student Emp. <input type="checkbox"/> Other <i>Describe:</i> <input style="width: 100%;" type="text"/>		
<input type="checkbox"/> RMU Student	Was Person Involved In: <input type="checkbox"/> League <input type="checkbox"/> Sporting Event <input type="checkbox"/> Other <i>Explain event:</i> <input style="width: 100%;" type="text"/>		
<input type="checkbox"/> Visitor / Guest	Release / Waiver Signed? <input type="checkbox"/> Yes (forward copy with report) <input type="checkbox"/> No		
	Equipment Involved in Incident? <input type="checkbox"/> Owned by RMU <input type="checkbox"/> Owned by other <i>Describe equipment:</i> <input style="width: 100%;" type="text"/>		

SECTION III. INJURY DESCRIPTION

Nature of Injury:	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Needle Stick
<input type="checkbox"/> Strain/Sprain	<input type="checkbox"/> Scratch/Abrasion	<input type="checkbox"/> Internal	<input type="checkbox"/> Other <i>Explain here:</i> <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign Body	List Body Part(s) Injured:
<input type="checkbox"/> Laceration/Cut	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Chemical Reaction	
Treatment:	<input type="checkbox"/> Emergency/Ambulance (<i>List where taken</i>) <input style="width: 100%;" type="text"/>		
<input type="checkbox"/> None	<input type="checkbox"/> Other <i>Explain:</i> <input style="width: 100%;" type="text"/>		
<input type="checkbox"/> First Aid			

SECTION IV. DAMAGED PROPERTY

Name of Property, Equipment or Material Damaged: <input style="width: 100%;" type="text"/>
Description of Damage: <input style="width: 100%;" type="text"/>
Cause of Incident / Damage: <input style="width: 100%;" type="text"/>

SECTION V: DESCRIPTION OF INCIDENT

Describe in detail what happened (attach photographs or diagrams if necessary): <input style="width: 100%; height: 50px;" type="text"/>

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SECTION VI: ROOT CAUSE ANALYSIS (Check All That Apply)

Unsafe Acts	Unsafe Conditions	Management Deficiencies
<input type="checkbox"/> Improper work technique	<input type="checkbox"/> Poor workstation design or layout	<input type="checkbox"/> Lack of written procedures or policies
<input type="checkbox"/> Safety rule violation	<input type="checkbox"/> Congested work area	<input type="checkbox"/> Safety rules not enforced
<input type="checkbox"/> Improper PPE or PPE not used	<input type="checkbox"/> Hazardous substances	<input type="checkbox"/> Hazards not identified
<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Fire or explosion hazard	<input type="checkbox"/> Personal Prot. Equip. unavailable
<input type="checkbox"/> Failure to warn or secure	<input type="checkbox"/> Inadequate ventilation	<input type="checkbox"/> Insufficient worker training
<input type="checkbox"/> Operating at improper speeds	<input type="checkbox"/> Improper material storage	<input type="checkbox"/> Insufficient supervisor training
<input type="checkbox"/> By-passing safety devices	<input type="checkbox"/> Improper tool or equipment	<input type="checkbox"/> Improper maintenance
<input type="checkbox"/> Guards not used	<input type="checkbox"/> Insufficient knowledge of job	<input type="checkbox"/> Inadequate supervision
<input type="checkbox"/> Improper loading or placement	<input type="checkbox"/> Slippery conditions	<input type="checkbox"/> Inadequate job planning
<input type="checkbox"/> Improper lifting	<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Inadequate hiring practices
<input type="checkbox"/> Servicing machinery in motion	<input type="checkbox"/> Excessive noise	<input type="checkbox"/> Inadequate workplace inspection
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Inadequate guarding of hazards	<input type="checkbox"/> Inadequate equipment
<input type="checkbox"/> Drug or alcohol use	<input type="checkbox"/> Defective tools/equipment	<input type="checkbox"/> Unsafe design or construction
<input type="checkbox"/> Unnecessary haste	<input type="checkbox"/> Insufficient lighting	<input type="checkbox"/> Unrealistic scheduling
<input type="checkbox"/> Unsafe act of others	<input type="checkbox"/> Inadequate fall protection	<input type="checkbox"/> Poor process design
<input type="checkbox"/> Other: <i>Explain</i> _____	<input type="checkbox"/> Other: <i>Explain</i> _____	<input type="checkbox"/> Other: <i>Explain</i> _____

Incident Analysis – describe what action, condition, and / or circumstances caused the incident: _____

Summarize other conditions related to the incident -even contributing factors that may have reduced the severity. (ex. What type of personal protective equipment (PPE) was being worn-gloves, safety glasses, goggles, mask, etc.): _____

SECTION VII: PREVENTIVE OR CORRECTIVE ACTIONS

Describe the actions that will be taken to prevent recurrence:

<i>Explain</i> _____	Responsible person: _____	Date to be completed by: _____
<i>Explain</i> _____	Responsible person: _____	Date to be completed by: _____

SECTION VIII: SIGNATURES

Employee / Person Involved: <i>Print name:</i> _____ <i>Sign Here:</i> _____	Date: _____
Department Supervisor / Manager: <i>Print name:</i> _____ <i>Sign Here:</i> _____	Date: _____

SECTION IX: DISTRIBUTION

Per policy, send completed report to: (include all attachments) Human Resources Safety Officer Director of Affected Dept.

SECTION X: OFFICIAL USE ONLY

_____ Date received Recorded in database _____ Date