

IDENTIFYING INFORMATION	1. COMPANY OR DIVISION		2. DEPARTMENT		
	3. LOCATION OF INCIDENT		4. DATE OF INCIDENT / /	5. TIME AM PM	6. DATE OF REPORT
	INJURY OF ILLNESS		PROPERTY DAMAGE		OTHER INCIDENTS
	7. INJURED'S NAME		14. PROPERTY DAMAGE	18. NATURE OF INCIDENT	
	8. PART OF BODY	9. DAYS LOST	15. NATURE OF DAMAGE	19. INCIDENT COST IF APPLICABLE	
	10. NATURE OF INJURY OR ILLNESS		16. COST ESTIMATED ACTUAL	20. PERSON REPORTING INCIDENT	
	11. OBJECT/EQUIPMENT/SUBSTANCE INFLECTING HARM		17. OBJECT/EQUIPMENT/SUBSTANCE INFLECTING DAMAGE	21. OBJECT/EQUIPMENT/SUBSTANCE RELATED	
	12. OCCURRENCE	13. TIME ON TASK	22. PERSON WITH MOST CONTROL OF ITEM 17	23. PERSON WITH MOST CONTROL OF ITEM 21	
RISK	EVALUATION OF LOSS POTENTIAL IF NOT CORRECTED		24. LOSS SEVERITY POTENTIAL <input type="checkbox"/> MAJOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR		25. PROBABILITY OF REOCCURRENCE <input type="checkbox"/> FREQUENT <input type="checkbox"/> OCCASIONAL <input type="checkbox"/> SELDOM
	26. DESCRIBE HOW THE EVENT OCCURRED				
DESCRIPTION					
CAUSE ANALYSIS	27. IMMEDIATE CAUSES, WHAT SUBSTANDARD ACTIONS AND CONDITIONS CAUSED OR COULD CAUSE THIS EVENT? CHECK ON BACK, EXPLAIN HERE				
	28. BASIC CAUSES, WHAT SPECIFIC PERSONAL OR JOB FACTORS CAUSED OR COULD CAUSE THIS EVENT? CHECK ON BACK, EXPLAIN HERE				
ACTION PLAN	29. REMEDIAL ACTIONS, WHAT HAS AND/OR SHOULD BE DONE TO CONTROL THE CAUSES LISTED?				
30. SIGNATURE OF INVESTIGATOR		31. DATE	32. FOLLOWUP: CIRCLE NUMBER FOR TEMPORARY, X OUT FOR FINAL ACTION DATE		
33. SIGNATURE OF REVIEWER		34. DATE	1. _____	3. _____	5. _____
			2. _____	4. _____	6. _____