

<b>IDENTIFYING INFORMATION</b>	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. OCCUPATION	13. TIME ON TASK	22. PERSON WITH MOST CONTROL OF ITEM 17		23. PERSON WITH MOST CONTROL OF ITEM 21

<b>RISK</b>	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

<b>DESCRIPTION</b>	26. DESCRIBE HOW THE EVENT OCCURRED

<b>CAUSE ANALYSIS</b>	27. IMMEDIATE CAUSES, WHAT SUBSTANDARD ACTIONS AND CONDITIONS CAUSED OR COULD CAUSE THE EVENT? CHECK ON BACK, EXPLAIN HERE
<b>CAUSE ANALYSIS</b>	28. BASIC CAUSES, WHAT SPECIFIC PERSONAL OR JOB FACTORS CAUSED OR COULD CAUSE THIS EVENT? CHECK ON BACK, EXPLAIN HERE

<b>ACTION PLAN</b>	29. REMEDIAL ACTIONS, WHAT HAS AND/OR SHOULD BE DONE TO CONTROL THE CAUSES LISTED?		
30. SIGNATURE OF INVESTIGATOR		31. DATE	32. FOLLOW-UP: CIRCLE NUMBER FOR TEMPORARY, X OUT FOR FINAL ACTION/DATE 1. _____ 3. _____ 5. _____ 2. _____ 4. _____ 6. _____
33. SIGNATURE OF REVIEWER		34. DATE	

<b>INCIDENT NEEDS</b>	27A. IMMEDIATE CAUSES (Check all that apply.) <b>Substandard Actions</b> 1. Operating equipment without authority 2. Failure to warn 3. Failure to secure 4. Operating at improper speed 5. Making safety devices inoperable 6. Removing safety devices 7. Using defective equipment 8. Using equipment improperly 9. Failing to use personal protective equipment properly 10. Improper loading 11. Improper placement 12. Improper lifting 13. Improper position for task 14. Servicing equipment in operation 15. Horseplay 16. Under influence of alcohol and/or other drugs	<b>Substandard Conditions</b> 1. Operating equipment without authority 2. Inadequate or improper protective equipment 3. Defective tools, equipment or materials 4. Congestion or restricted action 5. Inadequate warning system 6. Fire and explosion hazards 7. Poor housekeeping/disorder 8. Hazardous environmental conditions: gases, dusts, smoke, fumes, vapours 9. Noise exposure 10. Radiation exposure 11. High or low temperature exposure 12. Inadequate or excess illumination 13. Inadequate ventilation	<b>CODING FOR INCIDENT ANALYSIS QUALITY</b> 2. Department 5. Time of incident 8. Part of body 9. Days lost 10. Nature of injury or illness 11. Agent/object 12. Occupation 13. Time on the job 14. Property damage 16. Cost estimated 27a. Substandard actions 27a. Substandard conditions 28a. Personal factors 28a. Job factors 35. Type of contact
	28A. BASIC CAUSES (Check all that apply.) <b>Personal Factors</b> 1. Inadequate capability 2. Lack of knowledge 3. Lack of skill 4. Stress 5. Improper motivation	<b>Job Factors</b> 1. Inadequate leadership/supervision 2. Inadequate engineering 3. Inadequate purchasing 4. Inadequate maintenance 5. Inadequate tools/equipment/materials 7. Inadequate work standards 8. Wear and tear 9. Abuse and misuse	<b>35. TYPE OF CONTACT</b> 1. Struck against 2. Struck by 3. Caught in 4. Caught on 5. Caught between 6. Slip 7. Fall on same level 8. Fall to lower level 9. Overexertion

36. Reviewer's reactions to the investigator's analysis of the basic causes and remedial actions.				
37. Signature	38. Title	39. Date		
		Day/	Mo./	Yr./

<b>CONTROLS</b>	40. MANAGEMENT CONTROL (Check all that apply.)											
	<b>Program Elements</b>			<b>P</b>	<b>S</b>	<b>C</b>				<b>P</b>	<b>S</b>	<b>C</b>
	1. Leadership and administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Personal protective equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Leadership training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Health and hygiene control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	3. Planned inspections and maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. System evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	4. Critical task analysis and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Engineering and change management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	5. Accident/incident investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Personal communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	6. Task observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Group communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	7. Emergency preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. General promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	8. Rules and work permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Hiring and placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Accident/incident analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Materials and services management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10. Knowledge and skill training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Off-the-job safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Legend: <b>P</b> - Program element implementation need <b>S</b> - Standard(s) inadequate <b>C</b> - Compliance with standard(s) inadequate												

<b>INCIDENT COSTS</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
		DIRECT COSTS FOR COMPENSATION BENEFITS	COST RATIO* (X : 1)	INDIRECT COSTS (Multiply column 1 by "X" in column 2)	TOTAL COSTS (Add columns 1 and 3)
	MONTH				
	January				
	February				
	March				
	April				
	May				
	June				
	July				
	August				
	September				
	October				
November					
December					

\* Use the appropriate cost ratio (e.g., 3 to 1, 4 to 1, etc).

