

The following questions should be objectively answered yes, no, n/a (not applicable) or unk (unknown) with the goal of determining what caused the incident based on facts derived from your investigation. Please explain your responses in the comment section below.

1. Did you know that the employee was doing this job? yes no
2. Should the employee have been doing this work? yes no
3. Was the employee trained to do this job? yes no
4. Was the training adequate? yes no
If no, explain _____
5. Was the employee doing the job correctly when injured? yes no
6. Has the employee previously done this job incorrectly? yes no
 - a. If yes, was employee corrected or retrained? yes no
(Attach applicable documentation)
7. Check the control factors that contributed to this incident.

<u>Equipment</u>		<u>Material</u>		<u>People</u>	
Selection	<input type="checkbox"/>	Selection	<input type="checkbox"/>	Selection	<input type="checkbox"/>
Arrangement	<input type="checkbox"/>	Placement	<input type="checkbox"/>	Placement	<input type="checkbox"/>
Use of	<input type="checkbox"/>	Handling	<input type="checkbox"/>	Training	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	Procedure	<input type="checkbox"/>	Leadership	<input type="checkbox"/>
8. Did any of the following contribute to this incident?

a. Obstacles	<input type="checkbox"/>	e. Inadequate equipment	<input type="checkbox"/>
b. Incompatible procedures	<input type="checkbox"/>	f. Inadequate personnel	<input type="checkbox"/>
c. Conflicting orders	<input type="checkbox"/>	g. Insufficient time	<input type="checkbox"/>
d. Weather	<input type="checkbox"/>	h. other	<input type="checkbox"/>
9. Was personal protective equipment needed for this job? yes no
If so, what? _____
Was it used? yes no
10. Do any of the following apply to this employee or his/her job?

Did the employee appear to be under any stress?	yes <input type="checkbox"/> no <input type="checkbox"/>
Have you observed any morale problem?	yes <input type="checkbox"/> no <input type="checkbox"/>
Have there been any recent arguments or confrontations with co-workers?	yes <input type="checkbox"/> no <input type="checkbox"/>
with supervisor?	yes <input type="checkbox"/> no <input type="checkbox"/>
with others?	yes <input type="checkbox"/> no <input type="checkbox"/>
Do you suspect drug or alcohol use contributed to this event?	yes <input type="checkbox"/> no <input type="checkbox"/>
Has there been turn over in this position?	yes <input type="checkbox"/> no <input type="checkbox"/>
Have there been recent incidences of absenteeism?	yes <input type="checkbox"/> no <input type="checkbox"/>
Have there been recent incidences of tardiness?	yes <input type="checkbox"/> no <input type="checkbox"/>
Have there been similar injuries while doing this job?	yes <input type="checkbox"/> no <input type="checkbox"/>

Please state any other contributing factors and/or other comments below and describe **corrective action** you have taken to prevent this incident from occurring again.

Employee's Signature Title Date Ext.

Supervisor's Signature Title Date Ext.

Department Head's Signature Title Date Ext.