**INCIDENT/ACCIDENT/EXPOSURE**

**INVESTIGATION**

If an employee dies while working or is not expected to survive, or if any employee is in-patient hospitalized as a result of a work-related incident, ***(Customize by adding the name or title of person responsible for reporting to L&I)*** will contact the Department of Labor and Industries within 8 hours after becoming aware of the incident. During weekends and evenings, the toll -free notification number is: 1-800-423-7233. ***(Add the name or title of the responsible person)*** must talk with a representative of the department. Fax and answering machine notifications are not acceptable. ***(Add the name or title of the responsible person)*** must report: the employer name, location and time of the incident, number of employees involved, the extent of injuries or illness, a brief description of what happened and the name and phone number of a contact person. For worker loss of eye, and non-admitted amputations, we will report them within 24 hours to the same L&I contact listed above. If they result in hospitalization, then we will follow the 8-hour notification rule.

The following is a protocol for investigators of incidents/accidents at **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* The purpose of investigation is to find the cause of an incident/accident and prevent further occurrences, ***not*** to affix blame. An unbiased approach is necessary for obtaining objective findings.
* An Incident/Accident/Exposure Investigation Form is completed and submitted to the Safety and Health Committee.
* The incident/accident scene is visited as soon as possible while the facts are fresh, and before witnesses forget important details.
* The scene or area is NOT DISTURBED except to aid in rescue or to make the scene safe.
* If possible, the injured worker is interviewed at the scene of the incident/accident and completes a “walk through" or a mock re-enactment.
* All interviews are conducted as privately as possible. Witnesses are interviewed one at a time. Everyone is spoken to who has knowledge of the incident/accident, even if they did not actually witness it.
* Signed statements are obtained in cases where facts are unclear or there is an element of controversy.
* Details are documented graphically using sketches, diagrams and photos as needed, and measurements are taken where appropriate.
* Focus is on causes and hazards. An analysis is done of what happened, how it happened and how it could have been prevented. Determination is made as to what caused the incident/accident itself, not just the injury.
* Determination is made from reviewing the Employee’s Report of Injuryas to whether other forms need to be completed such as workers’ compensation forms or whether the incident must be recorded on the OSHA 300 according to the instructions on that form. If recordable, incident is entered on the OSHA 300 Log within six days after **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** becomes aware of it.
* Every investigation includes an action plan to provide a decision as to how to prevent such an incident/accident in the future.
* If a third party or defective product contributed to the accident, any evidence is saved as it could be critical to the recovery of third party claim’s costs.
* If the incident/accident has been investigated by anybody other than the Safety and Health Committee, the investigator notifies the Safety and Health Committee as soon as possible.
* The Safety and Health Committee discusses the incident/ accident and the ways to prevent it from occurring again, with the employees at the next health and safety meeting.

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| SAFETY INCIDENT / ACCIDENT / EXPOSURE  INVESTIGATION Flowchart | |
| Safety Incident  ↓ | Supervisor on duty shall prepare the report of on the job / incident / injury / illness and submit it to HR within 24 hours or immediately following the incident, if possible. |
| HR informs the Safety Committee and provides the Investigation folder  ↓ | Upon receipt of the report, HR shall provide a copy of the Safety Incident Investigation folder to the team leader. |
| Investigation Committee Is Formed  ↓ | Investigation committee shall consist of the employee, witnesses (if any), a member of the Safety Committee and the team supervisor. The team supervisor shall lead the investigation. |
| Conduct Investigation  ↓ | The Safety Incident Investigation may consist of any or all of:    ■ Site Visit  ■ Documentation with sketches / photographs  ■ Employee and witness interviews  ■ Reconstruction of the incident  Whenever possible, the incident investigation shall be conducted at the site of the incident. |
| Root Cause Analysis (Brainstorming)  ↓ | The investigating committee shall employ suitable root cause analysis tools to determine the direct, indirect and basic causes of the incident. |
| Correction Action Report  ↓ | The committee shall complete the enclosed corrective action report.  The correction action report shall include action items and their respective target dates. |
| Investigation Closing Meeting  ↓ | The lead investigator shall arrange a meeting with the department manager, a member of the Safety Committee, HR and the affected employee (if necessary), and present the corrective action report and request resources needed.  The corrective action report shall be signed off by the Department Manager / Director, HR, a member of the Safety Committee, the affected employee and the team supervisor.  Responsible parties shall be assigned relevant corrective actions. |
| Communicate Findings | The corrective actions shall be implemented, and the results shall be declared to the team and displayed on the Employee bulletin board. |

**Accident Analysis**

Most of incidents/accidents do not cause injury or illness yet result in property damage and/or lost time. Such mishaps usually indicate an unsafe act, faulty procedure, or hidden hazard. Investigation facts, findings and recommendations are fully documented on the Incident/Accident/Exposure Analysis ReportForm. The results of the analysis are reviewed by the Safety and Health Committee.

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| INCIDENT / ACCIDENT / EXPOSURE  INVESTIGATION FORM | |
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| Root Cause Examples | |
| The following examples of root causes can be considered when conducting a safety incident investigation. | |
| Direct Causes | |
| *Direct* causes are the unplanned release of energy  or hazardous material that results in injury. | |
| ▪ Struck against  ▪ Struck by  ▪ Fall from elevation, fall on same level  ▪ Caught in, under, or between  ▪ Rubbed or abraded | ▪ Overexertion  ▪ Contact with electric current  ▪ Contact with temperature extremes  ▪ Contact with chemicals  ▪ Allergic reaction |
| Indirect Causes | |
| *Indirect* causes are either unsafe acts or unsafe conditions. | |
| **Unsafe Acts:**  ▪ Driving errors  ▪ Failure to use available PPE  ▪ Improper lifting / Improper position  ▪ Improper use of equipment  ▪ Inattention to footing or surroundings  ▪ Making safety devices inoperable  ▪ Not following operating procedure  ▪ Operating without authority  ▪ Operating / working at unsafe speeds  ▪ Using defective equipment  ▪ Working on energized equipment | **Unsafe Conditions:**  ▪ Chemical exposures, physical or airborne  ▪ Defective equipment, material, tools  ▪ Excessive noise levels  ▪ Fire / explosion hazards  ▪ Inadequate / insufficient aisle or workspace  ▪ Inadequate illumination or ventilation  ▪ Inadequate identification / warning systems  ▪ Uncontrolled / unprotected heat sources  ▪ Unguarded / inadequately guarded hazard  ▪ Uninsulated / non-grounded electrical system  ▪ Work surface slippery, uneven or unprotected |
| Basic Causes | |
| *Basic* causes are the systems, methods and operating procedures  leading to the immediate cause. | |
| ▪ Appropriate PPE not available  ▪ Disregard for employee limitations / problems  ▪ Inadequate communication  ▪ Inadequate employee evaluation /  observation  ▪ Inadequate job training  ▪ Inadequate preventative maintenance  ▪ Inadequate housekeeping  ▪ Inadequate tools or equipment | ▪ Lack of / inadequate procedures  ▪ Lack of / inadequate inspections / audits  ▪ Programs / expected practices not  communicated  ▪ Unclear / inadequate standards of work  ▪ Unclear / misapplied performance priorities  ▪ Unclear policies, procedures or effective work  practices  ▪ Inadequate staffing or assignment of  personnel |
|  | |
|  | |

**INCIDENT/ACCIDENT/EXPOSURE**

**INVESTIGATION FORM**

Occupational injuries and illnesses are investigated in accordance with established outlined in the Accident Prevention Program of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. The purpose of the investigation is to find the cause and nature of the accident or exposure. The following Incident/Accident/Exposure forms will assist in a thorough and complete investigation to obtain the facts.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INCIDENT / ACCIDENT / EXPOSURE  INVESTIGATION FORM | | | | | | | | |
|  | | | | | | | | |
| For Office Use Only | | | | | | | | |
| □ Recordable Injury  □ Non – Recordable Injury  □ Near Miss | | | | | | Claim #  Date Filed: | | |
| OSHA Log # | | |
| All incidents shall be reported to supervisor / manager immediately, who will ensure completion and submission of this form to HR within 24 hours of the incident. | | | | | | | | |
| To be completed by Employee | | | | | | | | |
| Name of Employee | | | | | Permanent Address and Phone # | | | |
| Date of Hire (mm/dd/yy) | | | | |
| Emergency Contact | | | | | Phone # | | | |
| Employee Description of Incident: | | | | | | | | |
| To be completed by Supervisor / Manager | | | | | | | | |
| Date of Incident: | | Time of Incident: | | | | | Employee’s Job/Occupation: | |
| Reported to Supervisor/ Manager/HR:  Date:  Time: | | | | | | | Occupation at Time of Incident: | |
| Name of Supervisor / Manager: | | Time Employee Began Work: | | | | | Type of Injury (i.e., laceration, sprain, burn, contusion) | |
| Witness Names | | Part of Body Affected (Back, Hands, Neck, etc.) | | | | | | |
| Incident Occurred at Which Facility? | | | | | | | Exact Location of Incident | |
| Employee Status:  □ Employee  □ Temporary / Contract | | Description of Specific Activity at Time of Incident | | | | | | |
| Equipment / Materials / Chemicals Involved (if any) | Was any safety guard / device provided? | | | | | | | □ Yes □ No |
| Were safety guard / devices being used? | | | | | | | □ Yes □ No |
| Was personal protective equipment required? | | | | | | | □ Yes □ No |
| Was personal protective equipment being used? | | | | | | | □ Yes □ No |
| Brief Review of Occurrence (Sequence of Events) | | | | | | | | |
| Initial Treatment:  □ First Aid / CPR Administered  □ Sent to Hospital  □ Emergency Medical Responders  Called  □ (911) Refuses Medical Treatment | | | | Comments / Remarks: | | | | |
| **Employee** to sign below if medical treatment was refused:  Signature and Date | | | | |
| Name of Person(s) Providing Treatment:  ■  ■  ■ | | | | | | | | |
| Employee Signature and Date | | | Supervisor Signature and Date | | | | | |
| HR Signature and Date | | | Safety Manager or Committee Member  Signature and Date | | | | | |
| **Authorization** | | | | | | | | |
| I hereby authorize any hospital, physician, or other person who has attended or examined me, to furnish to the Company, or its authorized representative, any and all information with respect to any illness or injury, medical hospital, consultation, prescriptions or treatment, and copies of all hospital and medical records. A photocopy of this authorization shall be considered as effective and valid as the original.  Employee Signature and Date | | | | | | | | |

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| INCIDENT / ACCIDENT / EXPOSURE  INVESTIGATION FORM | | |
|  | | |
| OBSERVATION SHEET  (To be completed by Team Supervisor/Lead Investigator) | | |
| Employee Name |  | |
| Date of Injury |  | |
| Today’s Date |  | |
| ■ Please attach photographs, diagrams, sketches.  ■ Please check all areas of concern and provide details about them in the comments  section. | | |
| **Machine / Fixture**  □ Machine guarding in place?  □ Adjusted?  □ Positioned correctly?  □ Properly maintained?  □ Right for the job? Used properly?  □ Safety devices working? | | Comments: |
| **Tools**  □ Right for the job?  □ Used correctly?  □ In safe condition? | | Comments: |
| **Environment**  □ Lighting  □ Workspace layout  □ Housekeeping  □ Blocked Aisles  □ Floor Conditions  □ Smoke / Vapor / Dust / Mist  □ Ambient Noise | | Comments: |
| **Work Instructions**  □ Available  □ Adequate  □ Known and Understood  □ Followed  □ Training Needed | | Comments: |
| Employee Signature and Date | | Supervisor Signature and Date |
| HR Signature and Date | | Safety Manager or Safety Committee Member  Signature and Date |
| INCIDENT / ACCIDENT / EXPOSURE  INVESTIGATION FORM | | |
|  | | |
| Employee / Witness Statement | | |
|  | | |
| Name of Employee: | |  |
| Name of Witness: | |  |
| Date of Injury: | |  |
| Injury Location: | |  |
| Today’s Date: | |  |
|  | | |
| **Employee Statement:** | | |
|  | | |
|  | | |
|  | | |
|  | | |
| **Witness Statement:** | | |
|  | | |
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|  | | |
|  | | |
| **Suggestions For Preventing Future Recurrence:** | | |
|  | | |
|  | | |
|  | | |
| I hereby certify that the above statement is given by me and is true to the best of my knowledge.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Employee** Signature and Date **Witness** Signature and Date | | |

|  |  |
| --- | --- |
| INCIDENT / ACCIDENT / EXPOSURE  INVESTIGATION FORM | |
| Corrective Action Report (To be completed  by the Team Supervisor/Lead Investigator) | |
| Please refer to the examples and definitions provided on last page in this section for help on this form. | |
| **Statement of Root Cause** – Unsafe Acts / Conditions / Practices leading to the injury.  **Direct:** | |
|  | |
| **Indirect:** | |
|  | |
| **Basic:** | |
|  | |
| **Corrective Actions** – Actions towards preventing recurrence of the injury.  **Action:** | |
|  | |
|  | |
| **Person Responsible:** | **Completion Date:** \_\_\_/\_\_\_/\_\_\_\_ |
| **Action:** | |
|  | |
|  | |
| **Person Responsible:** | **Completion Date:** \_\_\_/\_\_\_/\_\_\_\_ |
| **Action:** | |
|  | |
|  | |
| **Person Responsible:** | **Completion Date:** \_\_\_/\_\_\_/\_\_\_\_ |
| Investigation Committee Pledge | |
| We believe our investigation has revealed all root causes that contributed to the safety incident in question. We have identified corrective actions to prevent the recurrence of the same. We are committed to implementing the corrective actions and meeting our target dates. | |
| Business Unit Manager / Director  Signature and Date | Supervisor Signature and Date |
| Employee Signature and Date | Safety Manager or  Safety Committee Member |
| HR Signature and Date | Signature and Date |

**INCIDENT/ACCIDENT/EXPOSURE ANALYSIS REPORT FORM**

Occupational injuries and illnesses will be investigated in accordance with the established procedures outlined in the Accident Prevention Program of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. The purpose of the investigation is the find the cause and nature of the accident or exposure. The following Accident/Exposure Analysis Report Form helps determine what happened and way and will review how it can be prevented in the future.

**INCIDENT/ACCIDENT/EXPOSURE ANALYSIS FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company: | | | | | |
| **Job Site Address:** | | | | | |
| **Name of Injured:** | | **Date of Accident/Time:** | | | |
| **Witnesses:** | | | | | |
| **ACCIDENT FACTORS & PREVENTATIVE MEASURES** | | | | | |
| **Brief Description of Accident (What Happened?)** | | | | | |
| **What action has been taken?** | | | | | |
| **What specific unsafe condition was responsible for this accident?** | | | | | |
| **ACCIDENT COST ANALYSIS** | | | | | |
|  | **Investigation** | | **Compliance** | | **Total** |
| **Medical Cost:** |  | |  | |  |
| **Production Cost:** |  | |  | |  |
| **ACCIDENT PREVENTION** | | | | | |
| **Report Prepared By:** | | | | **Date Completed:** | |
| **Safety Committee Review:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Yes** |  | **No** |  | **N/A** | | | | **Safety Notice Prepared:**   |  |  |  |  | | --- | --- | --- | --- | |  | **Yes** |  | **No** | | | |
| **Corrective Action Start Date:** | | | **Corrective Action Completion Date:** | | |
| **Signature of/Supervisor:** | | | | **Date:** | |