



Department of Environmental Health & Safety

Incident Investigation Form

Instructions: This form should be completed as soon as possible following an incident that results in serious injury or illness. The form can also be used to investigate a minor injury or near miss that *could have resulted in a serious injury or illness*. Completed form should be forwarded to EHS via email at ehs@kennesaw.edu or by Fax at 470-578-9041.

Incident Report #	
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Describe the incident

Subject					
Date of Incident		Time of the incident		Day of the week (Mon = 1)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Specific Location of the Incident		On KSU property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shift	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
Was someone injured (Employee, student or visitor) in the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of people injured, ill or involved in same incident			
Name of injured/affected person					
Did the incident involve property damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was a motor vehicle involved in this incident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Names of witnesses (if any)?					
Describe, step-by-step, how the incident occurred:					
Stage of the day in which the incident occurred?	<input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Entering or leaving work/ class <input type="checkbox"/> Field work <input type="checkbox"/> During lab/studio <input type="checkbox"/> Doing normal work/school activities <input type="checkbox"/> Other _____				
Task and activity at time of the incident					
General type of task:	Specific activity:			Employee/Student was?	
				<input type="checkbox"/> Alone <input type="checkbox"/> With a crew/co-worker <input type="checkbox"/> Other, specify	
Supervision at time of incident	<input type="checkbox"/> Directly supervised <input type="checkbox"/> Indirectly supervised <input type="checkbox"/> N/A <input type="checkbox"/> Not supervised <input type="checkbox"/> Supervision not feasible				
Was personal protective equipment (PPE) being used at the time of the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what PPEs	<input type="checkbox"/> eye/face protection <input type="checkbox"/> gloves <input type="checkbox"/> hard hat <input type="checkbox"/> safety shoes <input type="checkbox"/> respirators <input type="checkbox"/> lab coat/coverall/gown <input type="checkbox"/> ear plugs/muffs <input type="checkbox"/> welding helmet <input type="checkbox"/> others _____		

Was engineering controls being used at the type of the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what controls	<input type="checkbox"/> fume hood <input type="checkbox"/> BSC <input type="checkbox"/> safety guards <input type="checkbox"/> inter-locks <input type="checkbox"/> others _____	<input type="checkbox"/> glove boxes <input type="checkbox"/> other local ventilation <input type="checkbox"/> lock-out/Tag-out <input type="checkbox"/> fall protection systems
Does the activity/task being performed have a written standard operating procedure (SOP)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't Know
Causal/Contributing Factors: <i>Events and conditions that contributed to the accident (Please refer to the Guide for Identifying Causal Factors)</i>				
<input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Lack of knowledge/skills (Training) <input type="checkbox"/> Failure to warn <input type="checkbox"/> Failure to secure <input type="checkbox"/> Failure to lock-out <input type="checkbox"/> Operating at improper speed <input type="checkbox"/> Making safety devices inoperable <input type="checkbox"/> Removing safety devices <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Failure to use PPE <input type="checkbox"/> Inadequate or improper PPE	<input type="checkbox"/> Improper attires/dress <input type="checkbox"/> Improper loading <input type="checkbox"/> Improper lifting <input type="checkbox"/> Improper placement <input type="checkbox"/> Improper position for task <input type="checkbox"/> Horseplay <input type="checkbox"/> Under influence of alcohol and/or other substances <input type="checkbox"/> Inadequate guards or barriers <input type="checkbox"/> Defective tools, equipment or materials <input type="checkbox"/> Congestion or restricted action	<input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Fire and explosion hazard <input type="checkbox"/> Poor housekeeping, disorder <input type="checkbox"/> Hazardous environmental conditions, gases, smoke, dusts, fumes <input type="checkbox"/> Noise exposure <input type="checkbox"/> Radiation exposure <input type="checkbox"/> High or low temperature exposure <input type="checkbox"/> Inadequate or excess illumination <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Inadequate procedures		
Causal Factors: <i>Notes.</i>				

Corrective actions: *Steps that have, or will be, taken to prevent recurrence.*

Report prepared by:

Name: _____

Title: _____

Department: _____

Date: __ / __ / _____

Members of investigation Team:

Report reviewed by:

Name: _____

Title: _____

Department: _____

Date: __ / __ / _____