



INCIDENT INVESTIGATION FORM

Directions for Completion:

1. Notify Safety Specialist within 24 hours of incident(Employee Injury, Near Hit, Property Damage).
2. Complete and submit this form to the designated Safety Office within 3 working days of the accident/Incident.
3. Please remember to sign and date the form.
4. Make five copies of this form for any Lost Time Injury Investigations.

Employee Injury

Near Hit Incident

Property Damage

Submit completed form to one of the following locations:

Physical Plant Safety Office
 103 Physical Plant Building
 University Park, PA 16802

Auxiliary & Business Services Safety Office
 127 Johnston Commons
 University Park, PA 16802

Employee Data

Employee Name: _____ Today's Date: _____
 Department: _____ Job Title: _____
 Work Area: _____ Shift: _____
 Length of Employment at PSU: _____ Full Time Part Time Wage
 Location of Accident (Building, Room Number): _____ Date of accident: _____
 Time of accident: _____ AM PM Claim Number: _____
 Supervisor Name: _____ Signature: _____

Accident Data/Contributing Factors

Detailed narrative of how incident occurred:

Description of Pictures Taken:

What was employee doing just prior to accident (job task, include any tools or machinery used):

Body part injured and type of injury (be specific):

If it is a Near Hit, describe the potential injury/damage:

Weather conditions at time of accident: _____

Visibility/Lighting (ex. poor, work lights, etc.): _____

Type and condition of floor surface (ex. concrete, wet): _____

PPE required for job: _____

Was PPE being utilized? Yes No

Was there any damage to property or equipment? Yes No

Explain: _____

Name(s) of witness(es): _____ Phone# _____
Name(s) of witness(es): _____ Phone# _____

Causes

PLEASE CHECK ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

Direct/ Immediate Causes (supervisor complete)

Defective Tools/ Equipment	Unaware of potential hazard	Unauthorized equipment use
Unsafe work Procedures	Lack of safety devices	Guard removed/ guard needed
Insufficient procedures	Not employees normal job	Poor housekeeping
Not following procedures	Improper use of tools	Violated safety rule
Improvising/ shortcuts	Proper tools not available	Not wearing proper equipment

Root Causes

Employee unaware of hazard	Failure to recognize unsafe act	Equipment maintenance
Complex procedures	Poor attitude	Weather Condition(Rain, Snow)
Unclear instruction	Personality conflict	Excessive production pressure
Inadequate training	Lack of training	Communication error
Inadequate comprehension	Job design/ workstation layout	Lack of employee cooperation
Lack of skill/ knowledge	Lighting	Other, please explain:

Corrective Actions

Recommended Engineering control, Training, or Program/policy change:

Remedial training given:

Was a work order or a project request submitted for solution(s)?

Please provide details of request including job/project number and deadline for completion:

What action was or should be taken to prevent recurrence?

Corrective actions completed? Yes No If no, explain: _____

Investigated by: _____ Date: _____

Reviewed by: _____ Date: _____