UND INCIDENT INVESTIGATION FORM

To be completed by Supervisor/Designee – Submit completed form to the Office of Safety within 3 business days of incident

PLEASE FILL IN ALL FIELDS – If a field does not apply, please type in N/A.

Type of Incident: ☐ INJURY ☐ EXPOSURE ☐ PROPERTY ☐ VEHICLE ☐ NEAR MISS

Date incident occurred: _____ Time: _____ Location: _____

PART ONE: INVOLVED PERSON DATA

Last Name: _____ First Name: _____

EMPL or Student ID: _____ Phone: _____ Email: _____

UND Status: ☐ Employee/Student Employee ☐ Student (non-employee) ☐ Visitor ☐ Affiliate

PART TWO: INCIDENT DATA

Describe how the incident occurred:

_____

_____

What was the individual doing just prior to the accident (job task, including any tools or equipment used):

_____

Was this person injured? ☐ Yes ☐ No Body part injured: _____

Was this person seen in an emergency room? ☐ Yes ☐ No Hospitalized overnight as inpatient? ☐ Yes ☐ No

Weather conditions at time of accident: _____

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

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

List PPE required for the task _____

Was required PPE being utilized at the time of the incident? ☐ Yes ☐ No

Was there any damage to property, equipment or vehicle? ☐ Yes ☐ No If yes, please describe:

_____

Who is the owner of the damaged property? _____

Have pictures been taken? ☐ Yes ☐ No If yes, have they been sent to the Office of Safety? ☐ Yes ☐ No

Witness Name/Phone: _____ Interviewed? ☐ Yes ☐ No

Witness Name/Phone: _____ Interviewed? ☐ Yes ☐ No

If yes, complete Witness Statement Form.

PART THREE: CONTRIBUTING FACTORS

PLEASE CHECK ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INCIDENT

Direct / Immediate Causes:

- ☐ Defective Tools/ Equipment
- ☐ Unsafe work procedures
- ☐ Insufficient procedures
- ☐ Not following procedures
- ☐ Improvising/ shortcuts
- ☐ Inexperienced/Unaware
- ☐ Lack of safety devices
- ☐ Not employee's normal job
- ☐ Improper use of tools
- ☐ Proper tools not available
- ☐ Unauthorized equipment use
- ☐ Guard removed/ guard needed
- ☐ Poor housekeeping
- ☐ Violated safety rule
- ☐ Not wearing proper equipment

Root Causes:

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

PART FOUR: 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)? ☐ Yes ☐ No

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: _____

I acknowledge that the information on this report is accurate based on my knowledge of the incident.

Supervisor's Signature: _____ Date: _____

Title: _____ Department: _____