



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): _____

What PPE was 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

PART THREE: CONTRIBUTING FACTORS

PLEASE CHECK ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INCIDENT

Direct / Immediate Causes:

- | | | |
|---|--|---|
| <input type="checkbox"/> Defective Tools/ Equipment | <input type="checkbox"/> Unaware of potential hazard | <input type="checkbox"/> Unauthorized equipment use |
| <input type="checkbox"/> Unsafe work procedures | <input type="checkbox"/> Lack of safety devices | <input type="checkbox"/> Guard removed/ guard needed |
| <input type="checkbox"/> Insufficient procedures | <input type="checkbox"/> Not employee's normal job | <input type="checkbox"/> Poor housekeeping |
| <input type="checkbox"/> Not following procedures | <input type="checkbox"/> Improper use of tools | <input type="checkbox"/> Violated safety rule |
| <input type="checkbox"/> Improvising/ shortcuts | <input type="checkbox"/> Proper tools not available | <input type="checkbox"/> Not wearing proper equipment |

Root Causes:

- | | | |
|---|--|--|
| <input type="checkbox"/> Employee unaware of hazard | <input type="checkbox"/> Failure to recognize unsafe act | <input type="checkbox"/> Equipment maintenance |
| <input type="checkbox"/> Complex procedures | <input type="checkbox"/> Poor attitude | <input type="checkbox"/> Weather Condition(Rain, Snow) |
| <input type="checkbox"/> Unclear instruction | <input type="checkbox"/> Personality conflict | <input type="checkbox"/> Excessive production pressure |
| <input type="checkbox"/> Inadequate training | <input type="checkbox"/> Lack of training | <input type="checkbox"/> Communication error |
| <input type="checkbox"/> Inadequate comprehension | <input type="checkbox"/> Job design/ workstation layout | <input type="checkbox"/> Lack of employee cooperation |
| <input type="checkbox"/> Lack of skill/ knowledge | <input type="checkbox"/> Lighting | <input type="checkbox"/> 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.

Investigator's Signature: _____ Date: _____

Title: _____ Department: _____

Reviewer's Signature: _____ Date: _____