



Schaeffer
 Electric Company, Inc.
 Electrical Contracting Engineers
 www.schaefferelectric.com

4667 Green Park Road | St. Louis, Missouri 63123 | P: 314/892-7800 F: 314/892-3320

INCIDENT / INJURY INVESTIGATION REPORT (PAGE 1 OF 3)

Incident Type: Near Miss Property Damage Equipment Damage Injury

Employer Name / Project ID: _____ Date of Incident: _____

INJURY INFORMATION

Injured Employee's Name: _____

Sex: ____ Age: ____ Employment Status: Full Time Part Time Seasonal Temporary

Regular assigned position: _____ Length of time in this position: _____

Was employee performing regular job duty? ____ If not, explain: _____

Was employee working overtime? ____ If yes, explain: _____

Does employee work a rotating shift? ____ Was there a recent change in the shift? _____

Explain: _____

Has this employee received training in the prevention of this type of incident? ____ Date: _____

Body part injured: _____ Type of injury: _____

Severity of injury:

First Aid Dr. Visit Emergency Care Restricted Duty Lost Time

INCIDENT INFORMATION

Describe in detail what happened: _____

Location of incident: _____ Time of Day: _____ Day of Week: _____

Describe any equipment damage/estimate cost: _____

WITNESSES: (attach written statements)

Name: _____ Job Title: _____ Telephone: _____

Name: _____ Job Title: _____ Telephone: _____



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ROOT CAUSE ANALYSIS (PAGE 2 OF 3)

Use this listing as an aid in identifying the factors that contributed to this event

STEP 1 – CONTRIBUTING FACTORS

<p>PROCEDURES</p> <p>Not Developed <input type="checkbox"/></p> <p>Developed – Not Communicated <input type="checkbox"/></p> <p>Developed – Not Understood <input type="checkbox"/></p> <p>Developed – Not Followed <input type="checkbox"/></p> <p>Lack of Disciplinary Policy <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>COMMUNICATION</p> <p>Insufficient Planning for Tasks <input type="checkbox"/></p> <p>Lack of Worker Communication <input type="checkbox"/></p> <p>Lack of Supervisor Instruction <input type="checkbox"/></p> <p>Work Team Breakdown <input type="checkbox"/></p> <p>Confusion After Communication <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
<p>HAZARD(S)</p> <p>Unidentified <input type="checkbox"/></p> <p>Known But Not Corrected <input type="checkbox"/></p> <p>Created by External Factors <input type="checkbox"/></p> <p>Documented But Not Repaired <input type="checkbox"/></p> <p>Condition Changes Not Conveyed <input type="checkbox"/></p> <p>Repaired Deficiently <input type="checkbox"/></p> <p>Unforeseen Emergency <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>TRAINING</p> <p>Deficient Orientation Training <input type="checkbox"/></p> <p>Deficient Job-Specific Training <input type="checkbox"/></p> <p>Insufficient for New Conditions <input type="checkbox"/></p> <p>Lack of Follow-Up Reinforcement <input type="checkbox"/></p> <p>Lack of Supervisor Training <input type="checkbox"/></p> <p>Hazards Overlooked in Training <input type="checkbox"/></p> <p>Tool(s) Used Incorrectly <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
<p>PRODUCTION FACTORS:</p> <p>Heavy Workload <input type="checkbox"/></p> <p>Tight Schedule <input type="checkbox"/></p> <p>Long/Unusual Working Hours <input type="checkbox"/></p> <p>Falsely Perceived Need to Hurry <input type="checkbox"/></p> <p>Co-worker Competition <input type="checkbox"/></p> <p>Lack of Teamwork <input type="checkbox"/></p> <p>Changes in Production <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>WORK BEHAVIOR</p> <p>Shortcuts taken <input type="checkbox"/></p> <p>Required PPE Not Used <input type="checkbox"/></p> <p>PPE Not Used Properly <input type="checkbox"/></p> <p>Tool/Equipment Used Incorrectly <input type="checkbox"/></p> <p>Over-exertion/Fatigue <input type="checkbox"/></p> <p>Distraction <input type="checkbox"/></p> <p>Drug/Alcohol Use/Influence <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
<p>FACILITIES/EQUIPMENT</p> <p>Poor/Faulty Equipment Design <input type="checkbox"/></p> <p>Corrosion/Wear <input type="checkbox"/></p> <p>Equipment Not Guarded <input type="checkbox"/></p> <p>Awkward Workspace Design <input type="checkbox"/></p> <p>Lack of Preventive Maintenance <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>ENVIRONMENT</p> <p>Weather, Temperature <input type="checkbox"/></p> <p>Poor Housekeeping <input type="checkbox"/></p> <p>Poor Lighting <input type="checkbox"/></p> <p>Poor Visibility <input type="checkbox"/></p> <p>Air Quality <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>



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ROOT CAUSE ANALYSIS (PAGE 3 OF 3)

(continued)

STEP 2 - LIST SPECIFIC CONTRIBUTING FACTORS

STEP 3 - LIST CORRECTIVE STEPS FOR CONTRIBUTING FACTORS

STEP 4 - LIST MAJOR CAUSE (ROOT CAUSE):

- | | |
|---|--|
| <input type="checkbox"/> Procedures | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Hazards | <input type="checkbox"/> Training |
| <input type="checkbox"/> Production Factors | <input type="checkbox"/> Work Behavior |
| <input type="checkbox"/> Facilities/Equipment | <input type="checkbox"/> Environment |

STEP 5 - LIST CORRECTIVE STEPS FOR MAJOR CAUSE (ROOT CAUSE):

Investigation Conducted By

Title

Date