CSU East Bay Incident/Accident Investigation Report

EMPLOYEE DATA

Employee Name:	Sex: ☐ Female ☐ Male	Date of Hire:
Department/Location:	Employee (☐) Volunteer (☐) Student-Employee (☐) Non-Employee (☐)	
Job Title:	Usually works: hours/day and hours/week	
Usual Work Days: (i.e M-F)	Usual schedule: : am / pm to : am / pm	
Employee's Work Phone No:	Supervisor's Name:	
Employee's Home Phone No:	Supervisor's Work Phone:	

INCIDENT INFORMATION

Date/Time employee began work:	Location where injury or illness occurred:	
Date/time of injury or onset of illness:	Date of Supervisor's knowledge or notice of injury/illness:	
Nature of the injury/illness:	Body Part(s) affected:	

Were other employee's injured? ☐ Yes ☐ No ☐ NA If so who?

Incident type: Injury (☐) Property Damage (☐) Injury and property damage (☐) Near Miss (☐) Hazmat Spill (☐)

3rd Party involved (☐) _____ Vehicle Damage (ORIM Std 270 Form Completed) _____

Other (☐): _____

Employee's accident report(s) attached: ☐ Yes ☐ No

Witness name(s)	Phone number(s)	Statement(s) attached: ☐ Yes ☐ No ☐ NA

Detailed description of Incident (if needed attach additional information):

Comments/Diagrams/Other (if needed attach additional information):

DIRECT CAUSE	INDIRECT CAUSES		BASIC CAUSE	
☐ Struck by or against object (indicate) _____ ☐ Caught in/under/ between ☐ Fall / Slip / Trip ☐ Material handling or lifting ☐ Repetitive motion ☐ Chemical exposure ☐ Body fluid exposure: __Needle stick __Sharps ☐ Animal bite ☐ Other, Explain _____ _____ _____ _____ _____	**Equipment** ☐ Equipment failure ☐ Equipment unavailable ☐ Improper equipment or material used for job **Personal protective equipment** ☐ Not worn ☐ Not readily available ☐ Not adequate for the task ☐ Personal protective equipment failure **Training/Experience** ☐ Lack of training ☐ Safety training provided, not followed ☐ New task for employee or lack of experience **Work Area** ☐ Work area set up improperly ☐ Inadequate lighting or noise issues ☐ Housekeeping issues ☐ Environmental factors (rain, wind, temp. etc)	☐ Ventilation issues ☐ Ergonomic factors **Employee** ☐ Physically not able to do work ☐ Employee fatigue ☐ Unbalanced or poor position or motion ☐ Incorrect procedures used for task ☐ Other unsafe practice **Assistance** ☐ Difficult to perform task without help ☐ Safety features or devices not readily available ☐ Assistive devices not used ☐ **Lack of policy/procedure** ☐ **Animal** (explain below) ☐ **Other** (explain) _____ _____ _____ _____ _____ **Use additional pages as needed.**	**Management Safety Policies & Decisions** *Inadequate personnel practices regarding:* ☐ Training ☐ Job observation ☐ Communication ☐ Improper employee assignment ☐ Improper/no assignment of responsibility/ accountability ☐ Other *Procedures do not provide for:* ☐ Adequate housekeeping ☐ Preventive maintenance ☐ Communication of hazards and means of control ☐ Documented safe work practices or procedures ☐ Follow up and/or tracking of hazard correction ☐ Safety inspections ☐ Other *Safety is not considered in the purchase, installation or use of:* ☐ Equipment, machinery tools ☐ Supplies or materials ☐ Outside services ☐ Other **Personnel Factors** *Experience factors:* ☐ Unsafe practices ☐ Inadequate skills ☐ Insufficient knowledge ☐ History of accidents ☐ Other	*Behavior factors:* ☐ Lack of hazard awareness ☐ Inattention to tasks ☐ Inappropriate risk taking ☐ Repeat accident ☐ Other *Physical factors:* ☐ Lack of required strength ☐ Lack of required stamina ☐ Other **Environmental Factors** *Unsafe operating procedures:* ☐ Routine ☐ Emergency ☐ Other *Unsafe projections/surfaces:* ☐ Equipment ☐ Supplies/materials ☐ Structure/furnishings ☐ Other *Unsafe location factors:* ☐ Terrain (uneven, unstable) ☐ Surroundings (equipment, people) ☐ Weather conditions ☐ Access (blocked exits) ☐ Other *Unsafe facility design:* ☐ Access (blocked exits) ☐ Utility layout (electrical outlets, mechanical & hydraulic systems) ☐ Lighting, HVAC, noise ☐ Material handling ☐ Other

Action(s) to be taken	Responsible Person	Target Date	Completion Date

Employee's Signature:	**Date:**
Report completed by:	**Date:**
EHS Review:	**Date:**

EHS use only	Treatment: ☐ No treatment ☐ First Aid ☐ Medical treatment Treated at ☐ OSHA Recordable ☐ OSHA Reportable	Restriction: ☐ Yes ☐ No ☐ NA Lost work day: ☐ Yes ☐ No ☐ NA

Attach additional information

Instructions for Completing the Accident Investigation Report

Employee Data

1. Employee Name: Record the name of the employee involved.
2. Sex: M=male; F=female
3. Date Hired: This field will have value for analyzing the incidence of occupational injury and illness among newly hired workers and those with longer tenure. For the relatively infrequent situation where employees are hired, terminated, and then rehired, the employer can, at his or her discretion, enter the date the employee was originally hired, or the date of rehire.
4. Department / Location: The regular department is the "home base" of the employee. It may not necessarily be the department in which the incident occurred. For example, a maintenance person who was injured in the Chemistry department would record Maintenance Department as the regular department. Leave this field blank if the incident was a near miss, which did not involve a person.
5. Check if the incident involved an Employee, Volunteer, Student-Employee, Non-Employee.
6. Job Title: Record the job title to which the employee is regularly assigned.
7. Number of hours worked during the day and week.
8. Usual work days: Week days the employee usually works, included any normal weekend work days.
9. Usual work times: Self-explanatory
10. Employee's Work Phone: University phone number where employee can be reached.
11. Employee's Home Phone No: Include this phone number if the employee generally works from home.
12. Supervisor Name: Record the name of the employee's supervisor.
13. Supervisor Work Phone: Record the phone number of the employee's supervisor.

Incident Information

1. Date/Time employee began work - Record day, month and year the employee started work on the day of injury. If not known because it is a latent health issue, write unavailable.
2. Date of Injury / Illness: Record day, month and year of incident. For latent health issues, record the date when the illness was diagnosed or record the date of the hearing test when the hearing loss was detected.
3. Location where injury or illness occurred: List the exact location of the incident. For example, Chemical Sciences Room 305.
4. Date the Supervisor knowledge or notice of the injury/illness: Self explanatory
5. Nature of Injury. Please classify nature of injury. Burn, bite, chemical splash, fall, etc.
6. Body Part(s) affected: Self explanatory.
7. Were other employees injured: If yes, attached their completed Employee Injury and Illness Form
8. Check the Incident type(s): Injury or illness / Property Damage / Injury and property damage / Near Miss / Hazmat Spill / 3rd Party involved / Vehicle Damage / Other. If there is state vehicle damage the ORIM-DGS Std 270 Form must be completed and submitted.
9. Employee's report(s) attached. Record employee's statement(s) as to what occurred.
10. Witness and Witness Statement. Record witness name and witness statement as to what occurred (if applicable).
11. Detailed description of Incident: Supervisor's Findings: Record any findings supervisor may have regarding the incident.
12. Comments/Diagrams/Other: Self-explanatory

Direct / Indirect / Basic Causes

In spite of their complexity, most incidents are preventable by eliminating one or more causes. Investigations determine not only what happened, but also how and why. The information gained from these investigations can prevent recurrence of similar or perhaps more serious incidents. Investigative team efforts must focus on all events, as well as the sequence of events, that led to an incident.

Direct Cause – Unplanned release of energy or hazardous material. Example: The knife that cut (laceration) the palm of the hand. Please choose the most appropriate choice.

Indirect Cause – Symptoms – Unsafe Acts and/or Unsafe Conditions. Example: Tripping over unrolled hose left on floor causing contusion to knee. Please choose the most appropriate choice(s). There may be more than one choice.

Basic Causes – (Poor) Management Policies or Decisions, or to Personal or Environmental Factors. Example: Lack of instruction in proper cutting techniques. Lack of supervision to reinforce safe work practices. Personal decision by individual to take a short-cut to save time. Please choose the most appropriate choice(s). There may be more than one choice.

Corrective Action / Possible Alternatives

Action(s) to be taken: What corrective actions will be taken to prevent recurrence of the incident? The following examples provide basic ideas for this section.

- Use safer materials/supplies
- Improve illumination
- Improve ventilation
- Mandatory pre-job instructions
- Job reassignment of employee
- Improved inspection procedure
- Improved clean-up procedure
- Improved enforcement
- Develop Job Safety Analysis (JSA) or Standard Operating Procedure (SOP) for the job / task
- Revise the JSA or SOP
- Install/revise safety guard/device
- Require protective equipment
- Repair/replace equipment
- Improved storage/arrangement
- Improve design/construction
- Eliminate congestion
- Reinstruction of employees involved
- Warning to employees involved
- Discipline of employees involved
- Preventive instruction of others doing job

CORRECTIVE ACTION/POSSIBLE ALTERNATIVES

Alternatives and corrective actions should be based upon the "Hierarchy of Health and Safety Controls". The single most important outcome that can result from an incident is the implementation of effective, high level safety controls to prevent or significantly reduce the chance of the incident reoccurring. The Hierarchy is defined by 5 levels of safety controls. The top 2 levels, "Elimination / Substitution" and "Engineering" controls are by far the most effective in preventing or reducing the reoccurrence of an incident because they rely much less on human behavior, are more difficult to defeat, and require much less continuing human effort than the lower level controls. As alternatives are developed and corrective actions planned, every effort should be made to implement the top 2 levels (Elimination / Substitution and Engineering) of controls.