

City of Plantation Incident Investigation Form

Incident details				
Name of person involved in the Incident:		Date of incident:	Time of Incident:	
Location of Incident:		Weather Conditions:	<input type="checkbox"/> Pictures Attached	
Incident investigation team:		Witnesses:		
What task was being performed at the time of the incident?				
What happened? (e.g. 'employee tripped over box' or 'forklift hit wall')				
What factors contributed to the incident?				
Environment:		Equipment/materials:		
<input type="checkbox"/> Noise	<input type="checkbox"/> Layout / design	<input type="checkbox"/> Wrong equipment for the job	<input type="checkbox"/> Equipment failure	
<input type="checkbox"/> Lighting	<input type="checkbox"/> Dust / fume	<input type="checkbox"/> Inadequate maintenance	<input type="checkbox"/> Material / equipment too heavy / awkward	
<input type="checkbox"/> Vibration	<input type="checkbox"/> Slip / trip hazard	<input type="checkbox"/> Inadequate guarding	<input type="checkbox"/> Inadequate training provided	
<input type="checkbox"/> Damaged / unstable floor	<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Work systems:		People:		
<input type="checkbox"/> Hazard not identified	<input type="checkbox"/> No / inadequate risk assessment conducted	<input type="checkbox"/> Procedure not followed / no procedure exists	<input type="checkbox"/> Drugs / alcohol	
<input type="checkbox"/> No / inadequate safe work procedure	<input type="checkbox"/> No / inadequate controls implemented	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Time / production pressures	
<input type="checkbox"/> Hazard not reported	<input type="checkbox"/> Inadequate training / supervision	<input type="checkbox"/> Change of routine	<input type="checkbox"/> Distraction / personal issues / stress	
<input type="checkbox"/> Other		<input type="checkbox"/> Lack of communication	<input type="checkbox"/> Other	
Corrective actions:				
Contributing factor (from above list)	What are we going to do to fix the problem?	Who	When	Completion date
Report Completion				
Name	Signature	Date		
Person Completing this Report:				
Department Head:				

Incident investigation process guide

1. Establish the facts of the incident, including:
 - What happened?
 - When and where did it happen?
 - What task was being done?
 - Who was involved?
 - Were there any witnesses?
2. Gather all necessary background information, for example:
 - Maintenance records
 - Safety Policy
 - Policies and SOG's
 - Training records
 - Other applicable documents
3. Consider all the potential contributing factors:
 - Environment: *Did environmental conditions (e.g. light, noise, floor surfaces) contribute to the incident?*
 - Equipment /materials: *Did anything about the equipment, materials, tools etc (e.g. equipment failures, missing guards) contribute to the incident?*
 - Work systems: *Was there something about the system that contributed (e.g. hazard not identified, known hazard not addressed)?*
 - People: *Was there something the employees, supervisors or civilians did that contributed to the incident (e.g. poor communication, being tired or rushing to finish on time)?*
4. Determine the primary cause/s of the incident, that is, those which if they hadn't occurred then the incident wouldn't have occurred. Ask yourself "*Would the incident have happened if....?*"
5. Identify the root cause / system failures that underly the primary cause/s and contributing factors.

One simple technique for identifying the root cause is the 'Five Whys'. This technique involves asking yourself 'Why did this happen?' and continuing to ask 'Why' for each response until you reach a conclusion that does not generate another 'why' and the underlying cause becomes apparent.
6. The final and most import step in any investigation is to take action to fix all the factors that contributed to the incident, starting with the primary cause/s and working through each of the contributing and underlying causes.