

**NON-MANDATORY INVESTIGATIVE TOOL**

**A. ESTABLISHMENT INFORMATION**

- 1) Name of Investigator: \_\_\_\_\_
- 2) Job Title: \_\_\_\_\_
- 3) Name of Company \_\_\_\_\_
- 4) Address: \_\_\_\_\_
- 5) Contact Phone: \_\_\_\_\_
- 6) Fax \_\_\_\_\_
- 7) E-Mail \_\_\_\_\_
- 8) NAICS \_\_\_\_\_
- 9) How many Employees at: a) Work site \_\_\_\_\_ b) All Locations \_\_\_\_\_
- 10) Union : Yes \_\_\_\_\_ No \_\_\_\_\_
- 11) Union Name and Contact Info: \_\_\_\_\_

**B. INJURED EMPLOYEE INFORMATION**

- 1) Injured Employee Name: \_\_\_\_\_
- 2) Age: \_\_\_\_\_
- 3) Gender Male \_\_\_ Female \_\_\_

(For additional employees, use continuation section at end of form.)

- 4) Employee Typical Job Title: \_\_\_\_\_
- 5) Job at Time of Incident: \_\_\_\_\_
- 6) Type of Employment (check all that apply):  Full Time  Part Time  Seasonal  
 Temporary  Other:
- 7) Length of Employment with the Company: \_\_\_\_\_
- 8) Amount of time in current position at time of incident: \_\_\_\_\_
- 9) Nature of Injury: \_\_\_\_\_
- 10) Part of Body: \_\_\_\_\_

**C. INCIDENT INVESTIGATION**

- 1) Date and time of the incident: \_\_\_\_\_
- 2) Location of incident: \_\_\_\_\_

3) What was the employee doing just before the incident occurred? *Instructions: Describe the activity; including the tools, equipment, or material the employee was using. Be specific. Example: "climbing a ladder while carrying roofing materials" and "changing gasket on a chlorine line".*

4) What Happened? *Instructions: Provide a detailed description of the incident and how the injury occurred. Provide details such as measurements, sequence of events, equipment RPMs, trench dimensions, the type of vehicle(s) involved, discuss use of hazard controls such as guards or PPE. Examples: "bucket of chemical X spilled on the floor", "ladder slipped on wet floor", "worker fell 20ft.", "employee was sprayed with chlorine when gasket broke during replacement" and "employee was not wearing PPE".*

5) What was the injury or illness? *Instructions: Describe the part of the body that was affected and how it was affected. Be more specific than "hurt", "painful" or "sore". Examples: "fractured vertebrae" and "chemical burn to the hand".*

6) What object or substance directly harmed the employee? *Instructions: Provide the type, brand, size, distinguishing features, condition, or specific part that harmed the employee. Example: "band saw blade".*

**D. WHAT CAUSED OR ALLOWED THIS INCIDENT TO HAPPEN?**

*Instructions: What were the underlying reasons the incident occurred – and are the factors that need to be addressed to prevent future incidents? If safety procedures were not being followed, why were they not being followed? If a machine was faulty or a safety device failed, why did it fail? It is common to find factors that contributed to the incident in several of these areas: equipment/machinery, tools, procedures and policies, training or lack of training, work environment. If you identify these factors, try to determine why these factors were not addressed before the incident.*

**E. CORRECTIVE ACTIONS TAKEN TO PREVENT FUTURE INCIDENTS**

**1)** Hazardous condition(s) identified and corrective action taken by employer. *Instructions: Describe the immediate measures taken, interim and/or long-term actions necessary to correct hazardous condition(s). Also, use this section to track the completion of multi-step corrective actions as well as final corrective actions used to abate the hazardous condition.*

2) Additional notes and comments *Instructions: Provide additional comments, including statements from eye-witnesses and injured employee(s).*

3) Date Hazardous Condition was Abated: \_\_\_\_\_

**F. Employer Name:** \_\_\_\_\_

  

**Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

  

**This Constitutes my Electronic Signature** **Date:** \_\_\_\_\_  
(If this box is checked, this submission shall be considered as an authorized written signature.)

**NOTE:**

This investigation tool is provided to assist employers in finding the cause of incidents and to prevent similar incidents in the future. It contains criteria that may be used to evaluate the capabilities of current safety practice(s). The employer is encouraged to use this document or other equivalent form, as a means for abatement verification and submit their corrective actions in Section E and sign Section F. This is a **non-mandatory** tool.

Additional resources are available at:

OSHA's website, "www.osha.gov".

OSHA's Safety and Health Topics Page, "Incident Investigation".

OSHA Guidance Document, "Incident [Accident] Investigations: A Guide for Employers".

National Safety Council, "How to Conduct an Incident Investigation".

OSHA's On-site Consultation Program (Free Service):

[https://www.osha.gov/dcsp/smallbusiness/consult\\_directory\\_text.html](https://www.osha.gov/dcsp/smallbusiness/consult_directory_text.html)

“Attachment B”

**CERTIFICATION**  
**OF POSTING OSHA NOTIFICATION**  
**OF EMPLOYER REPORTED INCIDENT**

Activity No.: 1573408

Date of Posting: \_\_\_\_\_

Date Copy Given to  
an Employee Representative: \_\_\_\_\_

On behalf of the employer, I certify that a copy of the letter received from the Occupational Safety and Health Administration (OSHA) concerning the workplace injury that occurred on 4/16/2020 has been posted in a conspicuous place where all affected employees will have notice or near such location where the incident occurred, and a copy of the letter has been given to each authorized representative of affected employees, if any. The letter was or will be posted for a minimum of ten (10) working days or until any hazardous condition(s) are corrected.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employer/Establishment name