

# RMU Incident Investigation and Report Form



**Instructions: Fill in form by clicking on fields to enter data. Save file and print for proper distribution.**

## SECTION I. INCIDENT INFORMATION

<b>Date of Incident (m/d/y)</b> <input style="width: 100%;" type="text"/>	<b>Time of Incident</b> <input type="checkbox"/> AM <input type="checkbox"/> PM <input style="width: 100%;" type="text"/>	<b>Location of Incident: (Be specific to building, room, area, or location on premises ex. ISC, Golf Dome, Practice Range, North Stair to mezzanine)</b> <input style="width: 100%;" type="text"/>
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**Incident Investigation / Report completed by (Employee or Department Supervisor name):**

<b>Witness(es) to Incident:</b>	<i>Name/phone number</i> <input style="width: 100%;" type="text"/>
	<i>Name/phone number</i> <input style="width: 100%;" type="text"/>

## SECTION II. INJURED PERSON DETAILS

<b>Name of Injured Person:</b> <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Age:</b> <input style="width: 15%;" type="text"/> 0	<b>Home Ph:</b> <b>Cell Ph:</b>
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**Address:**

### Person Injured Is:

<input type="checkbox"/> <b>RMU Employee</b>	<b>Department:</b> <input style="width: 100%;" type="text"/>	<b>Position:</b> <input style="width: 100%;" type="text"/>	<b>Staff Start Time:</b> <input style="width: 100%;" type="text"/>
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student Emp. <input type="checkbox"/> Other <i>Describe:</i> <input style="width: 100%;" type="text"/>		
<input type="checkbox"/> <b>RMU Student</b>	<b>Was Person Involved In:</b> <input type="checkbox"/> League <input type="checkbox"/> Sporting Event <input type="checkbox"/> Other <i>Explain event:</i> <input style="width: 100%;" type="text"/>		
<input type="checkbox"/> <b>Visitor / Guest</b>	<b>Release / Waiver Signed?</b> <input type="checkbox"/> Yes (forward copy with report) <input type="checkbox"/> No		
	<b>Equipment Involved in Incident?</b> <input type="checkbox"/> Owned by RMU <input type="checkbox"/> Owned by other <i>Describe equipment:</i> <input style="width: 100%;" type="text"/>		

## SECTION III. INJURY DESCRIPTION

<b>Nature of Injury:</b>	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Needle Stick
<input type="checkbox"/> Strain/Sprain	<input type="checkbox"/> Scratch/Abrasion	<input type="checkbox"/> Internal	<input type="checkbox"/> Other <i>Explain here:</i> <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign Body	<b>List Body Part(s) Injured:</b>
<input type="checkbox"/> Laceration/Cut	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Chemical Reaction	
<b>Treatment:</b>	<input type="checkbox"/> Emergency/Ambulance ( <i>List where taken</i> ) <input style="width: 100%;" type="text"/>		
<input type="checkbox"/> None	<input type="checkbox"/> Other <i>Explain:</i> <input style="width: 100%;" type="text"/>		
<input type="checkbox"/> First Aid			

## SECTION IV. DAMAGED PROPERTY

<b>Name of Property, Equipment or Material Damaged:</b> <input style="width: 100%;" type="text"/>
<b>Description of Damage:</b> <input style="width: 100%;" type="text"/>
<b>Cause of Incident / Damage:</b> <input style="width: 100%;" type="text"/>

## SECTION V: DESCRIPTION OF INCIDENT

<b>Describe in detail what happened (attach photographs or diagrams if necessary):</b> <input style="width: 100%;" type="text"/>
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## SECTION VI: ROOT CAUSE ANALYSIS (Check All That Apply)

Unsafe Acts	Unsafe Conditions	Management Deficiencies
<input type="checkbox"/> Improper work technique	<input type="checkbox"/> Poor workstation design or layout	<input type="checkbox"/> Lack of written procedures or policies
<input type="checkbox"/> Safety rule violation	<input type="checkbox"/> Congested work area	<input type="checkbox"/> Safety rules not enforced
<input type="checkbox"/> Improper PPE or PPE not used	<input type="checkbox"/> Hazardous substances	<input type="checkbox"/> Hazards not identified
<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Fire or explosion hazard	<input type="checkbox"/> Personal Prot. Equip. unavailable
<input type="checkbox"/> Failure to warn or secure	<input type="checkbox"/> Inadequate ventilation	<input type="checkbox"/> Insufficient worker training
<input type="checkbox"/> Operating at improper speeds	<input type="checkbox"/> Improper material storage	<input type="checkbox"/> Insufficient supervisor training
<input type="checkbox"/> By-passing safety devices	<input type="checkbox"/> Improper tool or equipment	<input type="checkbox"/> Improper maintenance
<input type="checkbox"/> Guards not used	<input type="checkbox"/> Insufficient knowledge of job	<input type="checkbox"/> Inadequate supervision
<input type="checkbox"/> Improper loading or placement	<input type="checkbox"/> Slippery conditions	<input type="checkbox"/> Inadequate job planning
<input type="checkbox"/> Improper lifting	<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Inadequate hiring practices
<input type="checkbox"/> Servicing machinery in motion	<input type="checkbox"/> Excessive noise	<input type="checkbox"/> Inadequate workplace inspection
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Inadequate guarding of hazards	<input type="checkbox"/> Inadequate equipment
<input type="checkbox"/> Drug or alcohol use	<input type="checkbox"/> Defective tools/equipment	<input type="checkbox"/> Unsafe design or construction
<input type="checkbox"/> Unnecessary haste	<input type="checkbox"/> Insufficient lighting	<input type="checkbox"/> Unrealistic scheduling
<input type="checkbox"/> Unsafe act of others	<input type="checkbox"/> Inadequate fall protection	<input type="checkbox"/> Poor process design
<input type="checkbox"/> Other: <i>Explain</i> _____	<input type="checkbox"/> Other: <i>Explain</i> _____	<input type="checkbox"/> Other: <i>Explain</i> _____

**Incident Analysis – describe what action, condition, and / or circumstances caused the incident:** \_\_\_\_\_

**Summarize other conditions related to the incident -even contributing factors that may have reduced the severity. (ex. What type of personal protective equipment (PPE) was being worn-gloves, safety glasses, goggles, mask, etc.?):** \_\_\_\_\_

## SECTION VII: PREVENTIVE OR CORRECTIVE ACTIONS

**Describe the actions that will be taken to prevent recurrence:**

<i>Explain</i> _____	<b>Responsible person:</b> _____	<b>Date to be completed by:</b> _____
<i>Explain</i> _____	<b>Responsible person:</b> _____	<b>Date to be completed by:</b> _____

## SECTION VIII: SIGNATURES

<b>Employee / Person Involved:</b> <i>Print name:</i> _____ <i>Sign Here:</i> _____	<b>Date:</b> _____
<b>Department Supervisor / Manager:</b> <i>Print name:</i> _____ <i>Sign Here:</i> _____	<b>Date:</b> _____

## SECTION IX: DISTRIBUTION

**Per policy, send completed report to: (include all attachments)**  Human Resources  Safety Officer  Director of Affected Dept.

## SECTION X: OFFICIAL USE ONLY

\_\_\_\_\_ Date received  Recorded in database \_\_\_\_\_ Date