

**ACCIDENT/INCIDENT/NEAR MISS INVESTIGATION FORM**

**PURPOSE:** The reason for investigating an accident, incident or near miss is to determine: the cause(s) of the incident, to identify any risks, hazards, systems or procedures that contributed to the incident, and to modify practices or conditions to prevent similar incidents. Please complete and **Submit** this form to the EH&S Office (agsafe@ksu.edu). Please note that this document is a supplement to the K-State first report of injury form.

**SCOPE:** An accident/incident/near miss investigation should answer the WHO, WHERE, WHEN, WHAT, WHY and HOW questions with regard to an incident, no matter how minor.

**DESIRED OUTCOME:** Actions taken to mitigate risk resulting from the reporting of accidents, incidents and near misses can create a safer working environment for all faculty, staff and student workers.

**Check Box(s):**      Accident                  Near Misses                  Unsafe Equipment                  Property Damage

<b>People Data</b>			
Employee's Name:		Today's Date:	
Department:		Position Title:	
How long has employee worked at KSU?		Full Time	Part Time    Student Worker
Location of accident/incident/near miss (Building, Field Site):			
Date of accident/incident/near miss:		Time of accident/incident/near miss:	
		AM	PM
Supervisor's Name:		Position Title:	

<b>Incident Data/Contributing Factors</b>
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How did the accident, incident, or near miss occur?

What was the employee doing just prior to the incident (job task, include any tools or machinery used)?

What body part was injured?  
What type of injury occurred?  
Example: index finger, right hand, superficial laceration

Were there days away from work? If so, what were the number of days the employee was injured or ill?	Yes    No
Weather conditions at time of incident:	
Visibility/Lighting (e.g., poor, work lights):	
Type and condition of floor surface (e.g., concrete, wet surface):	
What PPE was required for the job?	
Was PPE being utilized?	Yes    No
Was there any damage to property or equipment? Explain:	Yes    No
Name(s) of witness(es):	Phone #:
Name(s) of witness(es):	Phone #:

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<b>Causes</b>		
<b>SUPERVISOR, PLEASE CHECK ALL OF THE BOXES THAT CONTRIBUTED TO THE ACCIDENT, INCIDENT OR NEAR MISS</b>		
<b>Direct Immediate Causes</b>		
Defective Tools/Equipment Unsafe Work Procedures Insufficient Procedures Not Following Procedures Improvising/Shortcuts	Unaware of Potential Hazard Lack of Safety Devices Not employees Normal Job Improper Use of Tools Proper Tools Not Available	Unauthorized Equipment Use Guard Removed/Needed Poor Housekeeping Violated Safety Rule(s) Not Wearing Proper PPE
<b>Root Causes</b>		
Employee Unaware of Hazard Complex Procedures Unclear Instruction Inadequate Training Inadequate Comprehension Lack of Skill/Knowledge	Failure to Recognize Unsafe Act Poor Attitude Personality Conflict Lack of Training Job Design/Workstation Layout Lighting	Equipment Maintenance Weather Condition, e.g., Rain Excessive Production Pressure Communication Error Lack of Employee Cooperation Other:

<b>Corrective Action</b>
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What engineering control(s), training, or program/policy changes are recommended?

What remedial training was given?

Was a work order submitted for solution(s)?  
*Please provide details of request including job/project number and deadline for completion.*

What action was or should be taken to prevent recurrence?  
*Describe any corrective or remedial actions taken to mitigate or help prevent recurrence.*

Correction Action Completed?	Yes	No	If no, please explain:
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Investigated By:	Date:
Reviewed By:	Date: