



## OSHA #7505 – Module 2 Class Exercises

A report is a communication tool: It communicates what happened, how root causes were identified and what the root causes were, and what corrective actions were identified to prevent these root causes from contributing to future workplace incidents.

- (1) Exercise/Discussion:** Review the sample incident investigation forms on the following pages. What elements on these forms could you adopt for an incident investigation form in *your* workplace?



Sample Incident Investigation forms from Oregon OSHA:

**Accident investigation form (example 1)**

Use this form to help you investigate workplace accidents or incidents. Note: this form is for use within your company. It is not intended to replace DCBS Form 801: *Worker's and Employer's Report of Occupational Injury or Disease*.

Company: \_\_\_\_\_ Report no.: \_\_\_\_\_

Operation: \_\_\_\_\_ Investigator \_\_\_\_\_

Name of accident victim: \_\_\_\_\_ Victim's job title: \_\_\_\_\_

How long has accident victim been with this company? \_\_\_\_\_ How long on this job? \_\_\_\_\_

(Attach this information for each additional person injured.)

Witnesses:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

When did the accident occur? Date: \_\_\_\_\_ Time: \_\_\_\_\_ Shift: \_\_\_\_\_

Where did the accident occur? Department: \_\_\_\_\_ Location: \_\_\_\_\_

What happened? (Describe sequence of events and extent of injury. Attach separate page if necessary.)

Has a similar accident ever occurred?  Yes  No If yes, when? \_\_\_\_\_

What caused the accident?

List all causes and contributing factors, which might include lack of supervision, inadequate training, poor equipment maintenance, and inadequate policy.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**Accident investigation form (example 1)**

List each corrective action to be taken. Who will do it and when will it be done?

1.

2.

3.

4.

5.

6.

7.

**Attach photographs, sketches of the scene, or other relevant information.**

Prepared by:

Title:

Date:



**Accident investigation form (example 2)**

Use this form to help you investigate workplace accidents or incidents. Note: this form is for use within your company. It is not intended to replace DCBS Form 801: *Worker's and Employer's Report of Occupational Injury or Disease.*)

**Employee portion**

Employee name: \_\_\_\_\_ Employee work phone: \_\_\_\_\_

Work unit: \_\_\_\_\_ Work section: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Supervisor work phone: \_\_\_\_\_

Length of service in present position:  Less than 6 months  6 months-1 year  1-2 years  
 2-3 years  3-5 years  More than 5 years

Exact location of accident/incident: \_\_\_\_\_

Accident/incident date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

Witnesses Name: \_\_\_\_\_ Phone: \_\_\_\_\_

( check if no witness) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Body part affected  Neck  Shoulder(s)  Elbow(s)  Wrist(s)/hand(s)  
(check all that apply)  Thigh(s)  Lower leg(s)  Ankle(s)/foot(feet)  Knee  
 Hip  Upper back  Lower back  Chest/abdomen  
 Other: \_\_\_\_\_

Task that led to the incident:  Driving  Lifting  Carrying  Pushing/pulling  Keyboarding  
 Climbing  Reaching  Handling  Bending  Twisting  
 Other: \_\_\_\_\_

Describe accident/incident in detail (use additional sheets if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor portion**

Reported to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

Supervisor's description of incident (what happened and why):  
\_\_\_\_\_  
\_\_\_\_\_

Corrective action:  
\_\_\_\_\_  
\_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_



**(2) Exercise/Discussion:** Review the sample incident investigators tool kit in Appendix B of OSHA's *Incident Investigations: A Guide for Employers*. What items do you want in your incident investigation toolkit for use in your workplace?

**Sample list of items to use to conduct the investigation:**

- ✓ Camera
- ✓ Charged Batteries (for phones, cameras, equipment, etc.)
- ✓ Video / Audio recorder
- ✓ Measuring devices in various sizes
- ✓ Leveling rod
- ✓ Clipboard and writing pad
- ✓ Pens, pencils, markers
- ✓ Graph paper
- ✓ Straight-edge ruler (Can be used as a scale reference in photos)
- ✓ Incident investigation forms
- ✓ Flashlight
- ✓ Strings, stakes, warning tape
- ✓ Photo marking cones
- ✓ Personal protective equipment: Gloves, hat, eyewear, ear plugs, face mask, etc.
- ✓ Magnifying glass
- ✓ High visibility plastic tapes to mark off area
- ✓ First aid kit
- ✓ Latex gloves
- ✓ Sampling [holding] containers with seals (Various types: bags, jars, containers, etc.)
- ✓ Identification tags
- ✓ Variety of tape: Scotch, masking, duct
- ✓ Compass
- ✓ Carpenters ruler
- ✓ Hammer
- ✓ Paint stick (yellow/black)
- ✓ Chalk (yellow/white)
- ✓ Protractor
- ✓ Clinometer



**(3) Exercise/Discussion:** OSHA recommends beginning an incident investigation immediately. Why is this important?