



Incident Investigation

Investigations are part of your workplace safety program. It's important to collect information and understand what happened to cause an incident so you can develop safeguards to avoid it in the future.

OSHA strongly encourages employers to investigate all incidents. A near miss, or close call, should also be investigated because a worker could have been injured under slightly different circumstances.*

Follow these steps to help with the investigation process:

1. If medically possible, provide the **Incident Report** to the injured employee and ask them to complete **Section A**. They should explain what happened and why they think it occurred in their own words.
2. Complete **Section B** on the **Incident Report**, including these key items:
 - Injury source
 - Body part[s] affected
 - Witnesses
 - Personal protective equipment (PPE) used, if applicable
 - Type of incident
3. Complete the **Incident Analysis** with the following key items:
 - Incident description
 - Contributing factors
 - Corrective action
 - Follow-up for corrective action by due date
4. If you take photos, save them for submission at a later date if needed.
5. Complete separate witness statements if needed.

*Occupational Safety and Health Administration, "Incident Investigation." [osha.gov/incident-investigation](https://www.osha.gov/incident-investigation).



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INCIDENT REPORT

Section A. To be completed by the injured employee.

Employee name	Date of incident
Describe what you were doing and how the incident occurred.	

Section B. To be completed by supervisor, manager, safety professional, etc. (Please keep for your records.)

Time and date of incident	Date reported	Employee job title	Years of experience
Injury source <input type="checkbox"/> Animal interaction <input type="checkbox"/> Burn <input type="checkbox"/> Caught in/between <input type="checkbox"/> Chemical exposure <input type="checkbox"/> Cut or laceration <input type="checkbox"/> Material handling <input type="checkbox"/> Motor vehicle accident <input type="checkbox"/> Slip, trip, fall <input type="checkbox"/> Heights <input type="checkbox"/> Struck by or against <input type="checkbox"/> Workplace violence <input type="checkbox"/> Other:	Body part(s) affected <input type="checkbox"/> Head <input type="checkbox"/> Eye(s) <input type="checkbox"/> Ear(s) <input type="checkbox"/> Back/neck <input type="checkbox"/> Arm/shoulder <input type="checkbox"/> Hand/finger <input type="checkbox"/> Chest/torso <input type="checkbox"/> Leg/knee/ankle/foot <input type="checkbox"/> Lung(s)	Relevant training received	
		Subject	Date
Location of incident	Explanation of injury	Personal protective equipment (PPE) needed	
		Type	Used
Type of incident <input type="checkbox"/> Near miss <input type="checkbox"/> First aid <input type="checkbox"/> Medical treatment <input type="checkbox"/> Lost time	Witnesses [Print first and last name.]		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No



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INCIDENT ANALYSIS

To be completed by supervisor, manager, safety professional, etc. [Please keep for your records.]

Once you determine the cause[s] of an incident, you can identify how to address the issue[s] you've uncovered. This step enables you and your organization to learn from incidents to build a safer workplace.

Incident description

Describe the incident, in detail, as determined by investigation. [Attach additional sheets, if needed.]

Identification of contributing factors

Conditions or actions that, if removed, would likely prevent the incident or hazard from occurring or reduce the severity of its consequences. [Example: An employee mistakenly skipped a step in the work procedure, which led to an incident.]

Corrective action

To effectively avoid future incidents, the actions listed below must address the cause[s] you've identified.

Corrective action	Due date	Person/department responsible

Supervisor, manager, safety professional, etc.

Signature	Date	Title

Follow-up

This ensures that the suggested corrective actions have been implemented.

Corrective action	Implementation date	Person/department responsible



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