

York County Incident Investigation Report

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|--|--|---|----------------------|
| 1. Entity YORK COUNTY | | 2. Department | |
| 3. Exact Location | 4. Date of Occurrence | 5. Time | 6. Date Reported |
| INJURY OR ILLNESS | | PROPERTY DAMAGE | |
| 7. Injured's Name | | 12. Property Damaged | |
| 8. Occupation | 9. Part of Body Affected | 13. Estimated Costs | 14. Actual Costs |
| 10. Nature of Injury/Illness | | 15. Nature of Damage | |
| 11. Object/Equipment/Substance Inflicting | | 16. Object/Equipment/Substance Inflicting | |
| D E S C R I P T I O N | 17. Describe Clearly How The Incident Occurred | | |
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| 18. Witness | | | 19. Telephone |
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| | DIRECT CAUSES | | BASIC CAUSES | | | |
|---|--|--|--------------------------|--|--|--|
| | UNSAFE ACTS | UNSAFE CONDITIONS | WORK SYSTEM | | | |
| ANALYSIS | <input type="checkbox"/> | Lack of skill or knowledge | <input type="checkbox"/> | Inadequate guards or protection | <input type="checkbox"/> | Inadequate hiring/placement practices |
| | <input type="checkbox"/> | Failure to follow operating or maintenance procedure/method | <input type="checkbox"/> | Defective tools, equipment, machine or vehicle | <input type="checkbox"/> | Inadequate enforcement of work rules and procedures |
| | <input type="checkbox"/> | Failure to use guards provided | <input type="checkbox"/> | Congested work area/roadways | <input type="checkbox"/> | Inadequate job instruction/training |
| | <input type="checkbox"/> | Failure to use personal protective equipment | <input type="checkbox"/> | Unsafe floors, ramps, stairways, platforms | <input type="checkbox"/> | Inadequate safety procedures |
| | <input type="checkbox"/> | Making safety devices inoperable | <input type="checkbox"/> | Poor housekeeping | <input type="checkbox"/> | Inadequate preventive maintenance |
| | <input type="checkbox"/> | Operating vehicle, equipment or machine at unsafe speed or unsafe manner | <input type="checkbox"/> | Hazardous atmosphere: gases, dust, fumes, vapors | <input type="checkbox"/> | Inadequate environmental control program |
| | <input type="checkbox"/> | Using known defective equipment | <input type="checkbox"/> | Hazardous chemicals/substances | <input type="checkbox"/> | Inadequate job planning methods |
| | <input type="checkbox"/> | Operating without authority | <input type="checkbox"/> | Inadequate warning system | <input type="checkbox"/> | Improper layout or design of work area |
| | <input type="checkbox"/> | Improper lifting, lowering or placing | <input type="checkbox"/> | Fire or explosion hazards | <input type="checkbox"/> | Unsafe design or construction of tools, equipment or machine |
| | <input type="checkbox"/> | Unsafe lifting, lowering or placing | <input type="checkbox"/> | Improper material storage | <input type="checkbox"/> | Inadequate medical monitoring |
| | <input type="checkbox"/> | Taking unsafe position | <input type="checkbox"/> | Inadequate ventilation | <input type="checkbox"/> | Inadequate supervision |
| | <input type="checkbox"/> | Influence of alcohol or drugs | <input type="checkbox"/> | Excessive noise | <input type="checkbox"/> | Other |
| | <input type="checkbox"/> | Physical or mental limitations | <input type="checkbox"/> | Inadequate illumination | | |
| | <input type="checkbox"/> | Unaware of hazards | <input type="checkbox"/> | Radiation exposure | | |
| | <input type="checkbox"/> | Unsafe act of non-employee | <input type="checkbox"/> | Poor road conditions | <input type="checkbox"/> | Pre-existing physical condition |
| | <input type="checkbox"/> | Other | <input type="checkbox"/> | Limited visibility | <input type="checkbox"/> | New physical impairment/condition |
| | | | <input type="checkbox"/> | Adverse weather | <input type="checkbox"/> | Physical impairment due to drug use |
| | | <input type="checkbox"/> | Other | <input type="checkbox"/> | Learning disability | |
| | | | | <input type="checkbox"/> | Employee insubordination or dishonesty | |
| PREVENTION | 20. What Actions Have Been Or Will Be Taken To Remove Direct Causes? Number All Items In Sequence. | | | By Whom | When | |
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| 21. What Actions Have Been Taken To Remove the Basic Cause? List Any Safety Practices That Can Be Performed To Help Prevent Reoccurrence. | | | | | | |
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| 22. Has disciplinary action been taken? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| 23. Investigated By | | 24. Date | 25. Reviewed By | | 26. Date | |