



## MANAGEMENT SECTION

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT \_\_\_\_\_
17. POSITION/TITLE \_\_\_\_\_
18. IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION \_\_\_\_ Y \_\_\_\_ N
19. WAS EQUIPMENT INVOLVED \_\_\_\_ Y \_\_\_\_ N (If no, skip to question 20)
- A. TYPE OF EQUIPMENT \_\_\_\_\_
- B. IS THERE A JSA FOR EQUIPMENT \_\_\_\_ Y \_\_\_\_ N      C. DATE LAST JSO PERFORMED \_\_\_\_\_
20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED \_\_\_\_ Y \_\_\_\_ N
21. DID INCIDENT INVOLVE SAME INDIVIDUAL \_\_\_\_ Y \_\_\_\_ N
22. SAME LOCATION \_\_\_\_ Y \_\_\_\_ N
23. WAS THE SCENE VISITED DURING THE INVESTIGATION \_\_\_\_ Y \_\_\_\_ N
- A. DATE & TIME \_\_\_\_\_      B. ARE PICTURES AVAILABLE \_\_\_\_ Y \_\_\_\_ N
- C. IF NO, REASON FOR NOT VISITING \_\_\_\_\_

### ROOT CAUSE ANALYSIS

**UNSAFE ACT (PRIMARY):**  Failure to comply with policies/ procedures     Failure to use appropriate equipment/ technique     Inattentiveness  
 Inadequate/ lack of JSA/ standards     Incomplete or no policies/ procedures     Inadequate training on policies/ procedures     Inadequate adherence of policies/ procedures

Other (specify) \_\_\_\_\_

Detailed explanation of checked box \_\_\_\_\_

**WHY WAS ACT COMMITTED:**

**UNSAFE CONDITION (PRIMARY):**  Inappropriate equip/ tool     Inadequate maintenance     Inadequate training     Wet surface  
 Worn/ broken/ defective building components     Broken equipment     Inadequate guard     Electrical hazard     Fire Hazard

Other (specify) \_\_\_\_\_

Detailed explanation of checked box \_\_\_\_\_

**WHY DID CONDITION EXIST:**

**CONTRIBUTORY FACTORS (IF ANY):**

**IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:**

**LONG RANGE ACTION TO BE TAKEN:**

**WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:**

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION**  
**WHERE INCIDENT/ACCIDENT OCCURRED**