

Incident Report

FOR REPORTING WORK-RELATED INJURIES & ILLNESSES

Supervisor Statement

EMPLOYEE NAME: _____	DATE OF INCIDENT/ INJURY/ ILLNESS: ____/____/____
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SUPERVISOR REVIEW	DESCRIPTION BY SUPERVISOR. HOW DID THE INCIDENT OCCUR ACCORDING TO YOUR FINDINGS? WHAT WAS THE ACTIVITY AND ANY TOOLS, EQUIPMENT, OR MATERIALS EMPLOYEE WAS USING? <i>(Example: Employee was opening a box of paper using a razor blade. Employee was distracted and the razor blade slipped on the surface of the box, cutting the employee's right index finger)</i>
	TYPE OF INJURY (OR DIRECT CAUSE) <input type="checkbox"/> Absorption/ Ingestion <input type="checkbox"/> Cut/ Puncture/ Scrape/ Bite <input type="checkbox"/> OPIM (Other Potentially Infectious Materials) or Body fluid exposure <input type="checkbox"/> Burn/ Scald <input type="checkbox"/> Fall / Slip / Trip <input type="checkbox"/> Repetitive motion (Ergonomic) <input type="checkbox"/> Chemical exposure <input type="checkbox"/> Lifting, pushing, pulling, or other material handling activities <input type="checkbox"/> Struck by or against object/ Collision <input type="checkbox"/> Caught in / under / between <input type="checkbox"/> Other (please describe):
	DID THE EMPLOYEE LOSE TIME FROM WORK? IF YES, WHAT WAS THE FIRST DAY OF LOST TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
	WAS ANY EQUIPMENT INVOLVED? IF YES, WHAT WAS THE EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

ROOT CAUSES ANALYSIS	1. EMPLOYEE PERFORMANCE <input type="checkbox"/> Lack of practice <input type="checkbox"/> Physically not capable <input type="checkbox"/> Not Applicable <input type="checkbox"/> Rush <input type="checkbox"/> Improper risk taken and/or poor judgment <input type="checkbox"/> Other (please describe): <input type="checkbox"/> Fatigue <input type="checkbox"/> Lack of skill, knowledge, or hazard awareness
	2. ENVIRONMENT and Work Area <input type="checkbox"/> Uneven surface <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Student-related <input type="checkbox"/> Slippery surface <input type="checkbox"/> Improper work area setup <input type="checkbox"/> Not Applicable <input type="checkbox"/> Noisy environment <input type="checkbox"/> Insufficient lighting <input type="checkbox"/> Other (please describe):
	3. EQUIPMENT AND TOOLS (including Personal Protective Equipment) <input type="checkbox"/> Failure or Malfunction <input type="checkbox"/> Not available <input type="checkbox"/> Not Applicable <input type="checkbox"/> Improper use of equipment/ (i.e., wrong type selected for job) <input type="checkbox"/> Insufficient equipment/tool (example: not enough machine guarding) <input type="checkbox"/> Other (please describe):
	4. MANAGEMENT Systems and Processes <input type="checkbox"/> Lack of policies/procedures <input type="checkbox"/> Training was insufficient / inadequate <input type="checkbox"/> Inadequate manpower (not enough staff) <input type="checkbox"/> No enforcement <input type="checkbox"/> Safety was not considered during equipment purchasing, work setup, or project development <input type="checkbox"/> Not Applicable <input type="checkbox"/> Lack of communication <input type="checkbox"/> Other (please describe): <input type="checkbox"/> Training was not provided

Instructions: List the root cause(s), or reason(s) why the incident occurred. For each root cause, make sure to identify a preventive action (things that supervisor or employee will do to prevent the incident from occurring again).

	ROOT CAUSES <i>identified from Analysis section above</i>	PREVENTIVE ACTION <i>To be taken for each root cause</i>	INDIVIDUAL <i>Assigned To</i>	TARGET DATE
PREVENTIVE ACTION PLAN	1.			
	2.			
	3.			
	4.			
	5.			

Supervisor Certification. By signing this form the supervisor (or designee) certifies that the information provided is true and correct to the best of the supervisor's (or designee's) knowledge.	SUPERVISOR (OR DESIGNEE) NAME: _____	DATE: _____
	SIGNATURE _____	

Send the completed forms within 72 hours to: Workers' Compensation Dept.	Fax to: (760)967-7178	Mail to: 2111 Mission Ave. Oceanside, CA 92058-2326
		Email to: wctech@oside.us