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12. Contributing causes		
Unsafe Acts ☐ Improper work technique ☐ Safety rule violation ☐ Improper PPE or PPE not used ☐ Operating without authority ☐ Failure to warn or secure ☐ Operating at improper speeds ☐ Bypassing safety devices ☐ Guards not used ☐ Improper loading or placement ☐ Improper lifting ☐ Servicing machinery in motion ☐ Horseplay ☐ Drug or alcohol use ☐ Unnecessary haste ☐ Unsafe act of others ☐ Repetitive motions ☐ Container mishandled ☐ Container not stored correctly ☐ Vehicle/equipment not inspected ☐ Improper use of hand tools ☐ Lock out/Tag out not used ☐ Other: _____ ☐ Other: _____	Unsafe Conditions ☐ Poor workstation design or layout ☐ Congested work area ☐ Hazardous substances ☐ Fire or explosion hazard ☐ Inadequate ventilation ☐ Improper material storage ☐ Improper tool or equipment ☐ Insufficient knowledge of job ☐ Slippery conditions ☐ Poor housekeeping ☐ Excessive noise ☐ Inadequate guarding of hazards ☐ Defective tools/equipment ☐ Insufficient lighting ☐ Inadequate fall protection ☐ Weather conditions ☐ Clothing ☐ Wildlife/animals ☐ Insects ☐ Container leaking ☐ Uneven surfaces ☐ Defective/incorrect hand tools ☐ Other: _____	Management Deficiencies ☐ Lack of written procedures or policy ☐ Safety rules not enforced ☐ Hazards not identified ☐ PPE unavailable ☐ Inadequate worker training ☐ Inadequate supervisor training ☐ Improper maintenance ☐ Inadequate supervision ☐ Inadequate job planning ☐ Inadequate hiring practices ☐ Inadequate workplace inspection ☐ Inadequate equipment ☐ Unsafe design or construction ☐ Unrealistic scheduling ☐ Poor process design ☐ Other: _____ ☐ Other: _____

13. Incident Analysis
Using the contributing cause list above, explain the cause(s) in as much detail as possible.

How bad could the accident have been?	What is the chance of the accident happening again?
☐ Very serious ☐ Serious ☐ Minor _____	☐ Frequent ☐ Occasional ☐ Rare _____

14. Recommendations
☐ Enforce existing policy ☐ Redesign task ☐ Stop this activity ☐ Write or update policy/procedure ☐ Guard the hazard ☐ Redesign work station ☐ Train employee ☐ Personal Protective Equipment ☐ Routine inspection for this hazard ☐ Train manager/supervisor

15. Preventive actions			
List the actions that will be taken to prevent recurrence.	Deadline	By Whom	Complete
1			
2			
3			
4			
5			

16. Investigation team		
Name	Position	Signature

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17. Injured Person			
Name:			
Phone:		Age:	
Job Title:		Supervisor:	
Length of employment with company		Length of employment at position	
Employee Classification: ☐ Full Time ☐ Part Time ☐ Contract ☐ Temporary			

18. Treatment			
☐ Fatality	☐ Hospital (DAFWC)	☐ Modified Duties (RWC)	☐ Return to Work
☐ Other:			

19. Nature of injury			
☐ Abrasion	☐ Amputation	☐ Bruise	☐ Burn (chemical)
☐ Burn (radiation)	☐ Burn (thermal)	☐ Crush	☐ Cut/laceration
☐ Dislocation	☐ Fracture	☐ Foreign body	☐ Heat stroke
☐ Hypothermia	☐ Internal	☐ Poisoning	☐ Sprain
☐ Strain	☐ Tear	☐ Unconscious	☐ Other:
☐ Remarks:			

20. Body Part Injured			
☐ Abdomen	☐ Ankle	☐ Arm	☐ Back
☐ Chest	☐ Elbow	☐ Eye	☐ Finger
☐ Foot	☐ Hand	☐ Head	☐ Hip
☐ Knee	☐ Leg	☐ Shoulder	☐ Toe
☐ Other:			

21. Injury Source			
☐ Contact with chemicals	☐ Contact with heat	☐ Driving related	☐ Electricity
☐ Fall at same level	☐ Fall from height	☐ Fire / explosion	☐ Hand tools
☐ Loss of integrity	☐ Manual handling/lifting	☐ Mechanical fitting	☐ Occupational illness
☐ Pollution	☐ Radiation	☐ Simple body movement	☐ Struck by/against
☐ Other:			

22. Comments

23. Report prepared by	Position	Date	Signature
24. Report approved by	Position	Date	Signature
	Product Line Manager		
Comments:			
25. Report approved by	Position	Date	Signature
Colin Waterman	HSSE Manager		
Comments:			
26. Report approved by	Position	Date	Signature
Trevor Coleman	General Manager		
Comments:			
27. Report approved by	Position	Date	Signature
Cory Potter	Operations Manager		
Comments:			

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Site Diagram

