

Accident/Incident Investigation Report

BUILDING NAME: : _____ MANAGER NAME: _____

EMPLOYEE NAME: FIRST: _____ LAST: _____

LOCATION OF ACCIDENT/INCIDENT (ADDRESS AUTO ONLY): _____

DATE/TIME OF ACCIDENT/INCIDENT: _____ JOB TITLE: _____

ACCIDENT/INCIDENT TYPE:	<input type="checkbox"/> AUTO	<input type="checkbox"/> P I T	<input type="checkbox"/> NEAR MISS
-------------------------	-------------------------------	--------------------------------	------------------------------------

TRUCK INFORMATION – REQUIRED FOR AUTO ACCIDENT:

YEAR _____ MAKE _____ MODEL _____ VIN# _____

DESCRIPTION OF ACCIDENT/INCIDENT: (Describe step-by-step response from employee, on what took place leading up to the accident/incident, and immediately after. Include names of any machines, parts, objects, tools, or other important details that may have contributed to the accident/incident.)

ROOT CAUSE AND PREVENTION ANALYSIS

1. Was the Employee working alone? Yes ____ No ____ . If no, Name: _____.
2. How much experience did the employee have in performing this task? (Months/Years) _____.

STEP 1: Obtain and review all pertinent information related to the accident/incident investigation.

- Photographs/drawings
- Witness statements & Interviews/Employee Report of Accident/incident
- Policies/Programs/Procedures/Training Records/Pre-trip Inspection Log/Maintenance Records

STEP 2: Root Cause Analysis. Use this listing as and aid for identifying the factors that lead to the accident/incident. Check all that apply and use other as needed.

POLICIES/PROGRAMS	✓	COMMUNICATION	✓
Not Developed or Inadequate	<input type="checkbox"/>	Insufficient Planning for Tasks	<input type="checkbox"/>
Developed – Not Communicated	<input type="checkbox"/>	Lack of Worker Communication	<input type="checkbox"/>
Developed – Not Understood	<input type="checkbox"/>	Lack of Supervisor Instruction	<input type="checkbox"/>
Developed – Not Followed	<input type="checkbox"/>	Work Team Breakdown	<input type="checkbox"/>
Lack of Disciplinary Policy	<input type="checkbox"/>	Confusion After Communication	<input type="checkbox"/>
Disciplinary Policy Not Enforced	<input type="checkbox"/>	<input type="text"/>	
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
<input type="text"/>		<input type="text"/>	

HAZARD(S)	✓	FACILITIES/EQUIPMENT	✓
Unidentified or Not Labeled	<input type="checkbox"/>	Poor Facility Design	<input type="checkbox"/>
Known but Not Corrected	<input type="checkbox"/>	Poor/Faulty Equipment Design	<input type="checkbox"/>
Known but Not Reported	<input type="checkbox"/>	Awkward Workstation Design	<input type="checkbox"/>
Created by External Factors	<input type="checkbox"/>	Equipment Not Guarded	<input type="checkbox"/>
Documented but Not Repaired	<input type="checkbox"/>	Equipment Repair Deficient	<input type="checkbox"/>
Condition Changed Not Conveyed	<input type="checkbox"/>	Lack of Preventive Maintenance	<input type="checkbox"/>
Equipment Repaired Deficiently	<input type="checkbox"/>	Lack of Storage	<input type="checkbox"/>
PPE Not Adequate or Defective	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

PRODUCTIVITY FACTORS	✓	WORK BEHAVIOR	✓
Heavy Workload	<input type="checkbox"/>	Shortcuts Taken	<input type="checkbox"/>
Tight Schedule	<input type="checkbox"/>	Defensive Driving training not followed	<input type="checkbox"/>
Long/Unusual Working Hours	<input type="checkbox"/>	Safe Work Methods not followed	<input type="checkbox"/>
Falsely Perceived Need to Hurry	<input type="checkbox"/>	Tool/Equipment Used Incorrectly	<input type="checkbox"/>
Assistance Unavailable	<input type="checkbox"/>	History of Accidents/Incidents	<input type="checkbox"/>
Assistance Inadequate	<input type="checkbox"/>	Disregarded/Refused to Follow Procedure(s)	<input type="checkbox"/>
Changes in Process	<input type="checkbox"/>	Assistance Required – Not Requested	<input type="checkbox"/>
Other	<input type="checkbox"/>	Horseplay	<input type="checkbox"/>
	<input type="checkbox"/>	Other	<input type="checkbox"/>

TRAINING



ENVIRONMENT



Deficient Orientation Training

Weather, Temperature

Deficient Job-Specific Training

Poor Housekeeping

Insufficient Training for New Process/Task

Poor Lighting

Lack of Supervisor Follow-Up/Reinforcement

Poor Visibility

Lack of Supervisor Training

Air Quality

Hazards Overlooked in Training

Noise

Other

Other

STEP 3: Cause(s). From the categories identified, check the major causes(s) of the accident/incident.

POLICIES/PROCEDURES

COMMUNICATION

HAZARD(S)

TRAINING

POLICIES/PROCEDURES

WORK BEHAVIOR

FACILITIES/EQUIPMENT

ENVIRONMENT

STEP 4: Analysis of Root Cause – Conduct 5 whys:

Why did the accident/incident occur?

Why...?

Why...?

Why...?

Why...?

How can this be prevented?

Corrective Action: What actions will take place to prevent Employee from similar accident/incident in future?

Date Planned

Date Completed

Corrective Action: What actions will take place to prevent Workforce from similar accident/incident in future?

Date Planned

Date Completed

PHOTOS REQUIRED FOR AUTO AND PIT ACCIDENTS/INCIDENTS. ATTACH PHOTOS TO FINAL ACCIDENT/INCIDENT REPORT. IF PHOTOS ARE NOT AVAILABLE, PROVIDE EXPLANATION AS TO WHY BELOW.

Supervisor's Name & Signature

Date

Employee Name & Signature

Date

In the event of an auto crash, PIT incident or near miss incident, contact **Rhyannah Bicondova: 714-552-9015** or email rhyannah.bicondova@temcologistics.com immediately upon notice. Complete this Incident Packet and email to rhyannah.bicondova@temcologistics.com and mercedes.fonseca@temcologistics.com