



Revision Dec 2014

Name of Vessel / Facility _____

Incident Investigation Report

Instructions: Complete this form as a part of your investigation and email to dpa@tdi-bi.com when complete. Include attachments such as photos, notes, sketches, records of employee interviews or other relevant documents.

This is a report of a: <input type="checkbox"/> Near Miss <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Fatality	
<input type="checkbox"/> Chemical Exposure <input type="checkbox"/> Equipment Damage <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Equipment Loss	
Date of incident: _____	Person completing investigation/ report _____
Date of report: _____	

Step 1: Documents Reviewed

List the documents that were reviewed in connection with this incident. Be sure to include employee, supervisor and third party reports, NS-5 Report (include number), company policies and procedures, equipment maintenance, rigging/ deployment checklists, inspection logs.

Step 2: Describe the incident

Exact location of the incident: _____	Exact time: _____
What part of employee's workday? <input type="checkbox"/> Before or after work shift <input type="checkbox"/> During work shift <input type="checkbox"/> Other _____	
Names and positions of witnesses (if any): 	

Number of attachments	Written witness statements:	Photographs:	Other:
What personal protective equipment, if any, was required? _____ _____			
Was it being used properly? _____			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			
Description continued on attached sheets: Yes ___ / No___			

Step 3: Root Cause Analysis-- Why did the incident happen?	
<p>Unsafe workplace conditions: (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting/ lack of visibility <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> Other: _____ 	<p>Unsafe acts by people: (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has not been locked/ tagged out <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: _____

Company Policies/ Procedures: (Check all that apply) <input type="checkbox"/> Procedure does not exist <input type="checkbox"/> Existing procedure does not cover this situation <input type="checkbox"/> Employee not trained on company policy/ procedure <input type="checkbox"/> Employee aware of but did not follow policy/ procedure	Personal Protective Equipment - PPE: (Check all that apply) <input type="checkbox"/> PPE defective or inadequate for the job <input type="checkbox"/> Employee not trained on proper PPE use <input type="checkbox"/> PPE not provided or available <input type="checkbox"/> Employee did not wear required PPE
List any other contributing factors leading up to the incident:	
What factors would have you determined are the ROOT CAUSE of this event?	
Were the unsafe acts or conditions reported prior to the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been similar incidents or near misses prior to this one?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 4: Preventative Actions-- How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

- Stop this activity
 Guard the hazard
 Train the employee(s)
 Train the supervisor(s)
 Redesign task steps
 Redesign work station
 Write a new policy
 Revise existing policy
 Enforce existing policy
 Routinely inspect for the hazard
 Personal Protective Equipment
 Other: _____

What should be (or has been) done specifically to carry out the suggestion(s) checked above?

Step 5: Who reviewed this form? (Please Print)

Management's final decision on corrective action:

Reviewed by:

Name _____

Name _____

Name _____

Name _____

Name _____

Date:

Title: _____

Title: _____

Title: _____

Title: _____

Title: _____