INCIDENT ANALYSIS FORM

- Incident analysis helps you in reducing or preventing future occupational injuries and illnesses.
- This form requests all the information that the DWC says you must record for each on-the-job injury, fatality, and occupational disease. Employers must keep injury records for five years after the last day of the year in which the injury occurred.

This is an ☐ Injury ☐ Disease ☐ Fatality ☐ Near-miss

TODAY'S DATE _____

DATE REPORTED _____

COMPANY _____

DEPARTMENT _____

SUPERVISOR _____

PHONE NO. _____

1. Name of Person Involved	2. Sex	3. Social Security Number	4. DOB	5. Date of Incident

6. Home Address _____ _____ Phone ( )	**7. Time and Day of Incident** _____ a.m; _____ p.m; day of week ____ **9. Employee's Occupation**	**8. Specific Location of Incident** Was it on employer's premises? ☐ yes ☐ no **10. Job Task at Time of Incident**
13. Name and Address of Treating Physician _____ _____ Phone ( )	**11. Length of Service** _____Years; _____ Months **14. Employment Category** ☐ Regular, full-time ☐ Temporary ☐ Regular, part-time ☐ Non-employee ☐ Seasonal	**12. Employee was Working** ☐ Alone ☐ With Fellow Workers ☐ Other **15. Experience in Occupation at Time of Incident** ☐ Less than 1 month ☐ 1 to 5 month ☐ 6 months to 1 year ☐ 1 to less than 5 years ☐ 5 or more years
16. Name and Address of Hospital _____ _____	**17. Phase of Employee's Workday at Time of Injury** ☐ During break period ☐ During meal period ☐ Working overtime ☐ Entering or leaving the building ☐ Performing work duties ☐ Other (explain below) **18. Name of employee's immediate Supervisor at time of incident Witnessed Incident?** ☐ Yes ☐ No	
19. Employee's Wage (pay per Hour)	**20. Other Witnesses**	
21. Voluntary benefits paid by the employer, if any	_____	

22. PART of BODY INFURIED or AFFECTED

☐ Skull, Scalp ☐ Jaw ☐ Abdomen ☐ Shoulder ☐ Wrist ☐ Knee ☐ Foot
☐ Eye ☐ Neck ☐ Back ☐ Upper Arm ☐ Hand ☐ Thigh ☐ Toe
☐ Nose ☐ Spine ☐ Pelvis ☐ Elbow ☐ Finger ☐ Lower Leg ☐ Ankle
☐ Mouth ☐ Chest ☐ Other Body Part ☐ Forearm ☐ Hip ☐ Other _____

23. NATURE of INJURY or ILLINESS

☐ Puncture ☐ Bruise, Contusion ☐ Skin Disorder ☐ Amputation ☐ Muscle Sprain ☐ Cumulative Trauma Disorder
☐ Laceration ☐ Dislocation ☐ Burn ☐ Insect/Animal Bite ☐ Muscle Strain ☐ Irritation
☐ Fracture ☐ Abrasion ☐ Respiratory ☐ Foreign Body ☐ Hernia ☐ Infection
☐ Heat/Cold Stress ☐ Hearing Loss ☐ Chemical Exp. ☐ Other _____

24. DISPOSITION

☐ Days away from work # _____
☐ Restricted work days # _____
☐ Date returned to work # _____
Sent to: ☐ Doctor ☐ Hospital

25. DIAGNOSIS

_____
_____
_____

26. SEVERITY

☐ First Aid ☐ Medical Treatment
☐ Lost Work Days ☐ Fatality
☐ Other: Specify _____

27. WHAT CONDITION of TOOLS, EQUIPMENT, or WORK AREA CONTRIBUTED TO INCIDENT? ☐ Not Applicable

☐ Close Clearance/Congestion ☐ Floors/Work Surfaces ☐ Inadequate Housekeeping ☐ Defective Tools/Equipment/Vehicle
☐ Hazardous Placement ☐ Inadequate Ventilation ☐ Equipment Failure ☐ Illumination
☐ Inadequate Warning System ☐ Equipment/Workstation Design ☐ Inadequate Guards/Barrier ☐ Inadequate/Improper P.P.E.

28. WHAT CAUSED or INFLUENCED SUBSTANDARD CONDITIONS? ☐ No Substandard Conditions

☐ Abuse or Misuse ☐ Inadequate Supervision ☐ Inadequate Purchasing ☐ Inadequate Engineering
☐ Inadequate Maintenance ☐ Inadequate Tools/Equip..Mat. ☐ Improper Work Surfaces ☐ Wear and Tear
☐ Lack of Knowledge/Training ☐ Improper Motivation ☐ Inadequate Capacity ☐ Lack of Skill

29. WHAT ACTION or INACTION CONTRIBUTED to the INCIDENT? ☐ Not Applicable

☐ Failure to Make Secure ☐ Under Influence Drugs/Alcohol ☐ Failure to Warn/Signal ☐ Inadequate/Improper P. P. E. Use
☐ Nullified Safety/Control Devices ☐ Used Defective Equipment ☐ Horseplay/Distractive Active ☐ Operating at Improper Speed
☐ Used Equipment Improperly ☐ Improper Lifting ☐ Operating Procedure Deviation
☐ Running/Rushing/Acting in Haste ☐ Improper Loading ☐ Unauthorized Actions ☐ Used Wrong Tool/Equipment
☐ Improper Technique ☐ Improper Position ☐ Servicing/Operating Equipment
☐ Other _____

30. PROBABLE RECURRENCE

☐ Frequent ☐ Occasional ☐ Rare

31. LOSS SEVERITY POTENTIAL

☐ Major ☐ Serious ☐ Minor

32. PREVENTIVE MEASURES: (What corrective actions have been taken or are planned to prevent a recurrence?)

☐ Improve Enforcement ☐ Improve Clean-up Procedures ☐ Repair/Replace Equipment ☐ Corrective Counseling
☐ Improve Storage/Arrangement ☐ Rotation of Employee ☐ Eliminate Congestion ☐ Improve/Change Work Method
☐ Identify/Improve P. P. E ☐ Install/Revise Guards/Devices ☐ Task Analysis to Be Completed
☐ Task Analysis/Procedure Revision ☐ Improve Design/Construction ☐ Job Reassignment of Employees
☐ Use Other Materials/Supplies ☐ Improve Illumination ☐ Mandatory Pre-Job Instructions
☐ Improve Ventilation ☐ Reinstruction of Employees ☐ Other _____

33. EMPLOYEE'S DESCRIPTION of INCIDENT (Attach sheet for additional comments) ☐ Comments sheet

_____
_____
_____
_____
_____

34. SUPERVISOR'S DESCRIPTION of INCIDENT (Attach sheet for additional comments) ☐ Comments sheet

_____
_____
_____
_____
_____

35. SPECIFIC CORRECTIVE ACTIONS or PREVENTIVE MEASURES TAKEN

Corrective Action Taken	Person Responsible	Target Date	Date Completed

_____ _____
Supervisor's Signature Date