INCIDENT INVESTIGATION REPORT

Berkley Technology Underwriters
a Berkley Company

The intent of this form is to help organize the investigation of incidents (accidents and near-misses) in an effort to determine: who, what, when, where, how, and why. All incidents, regardless of severity, should be investigated in order to identify unsafe actions and unsafe conditions contributing to the incident and most importantly, to develop corrective actions to eliminate or minimize those identified fundamental causes.

WHO Was Involved?			
	Injured Individual	First on the Scene	Witnesses
Name:			
Age:			
Department:			
Job Title:			
Length of Employment:			
Time @ This Job:			
Employee Type	☐ FT ☐ PT ☐ Temp ☐ Contract	☐ FT ☐ PT ☐ Temp ☐ Contract	☐ FT ☐ PT ☐ Temp ☐ Contract

WHAT happened? (describe the incident)

WHEN Did The Incident Occur?			
Date:	Day of Week:	Time:	Shift:

WHERE Did The Incident Occur?	
Job Activity @ Time of Incident:	
Exact Location:	

Incident Result	Body Part Affected			
☐ No Injury or Damage	☐ Head	☐ Neck	☐ Shoulder	
☐ Personal Injury	☐ Elbow	☐ Wrist	☐ Hand	
☐ Lost Work Time	☐ Finger/Thumb	☐ Upper Back	☐ Lower Back	
☐ Property Damage	☐ Hip	☐ Upper Leg	☐ Knee	
☐ Other (List):	☐ Lower Leg	☐ Ankle	☐ Foot/Toe	
	☐ Heart/Lung	☐ Eye	☐ Other:	

Nature of Treatment		Nature of Injury	
First Aid Only:	☐ Yes ☐ No	☐ Laceration	☐ Puncture
Medical Treatment:	☐ Yes ☐ No	☐ Burn	☐ Inflammation
Medical Provider Name:		☐ Strain/Sprain	☐ Contusion
Work Restrictions:	☐ Yes ☐ No	☐ Fracture	☐ Other:
List Restrictions:			

HOW and WHY (identify incident cause(s))		
Unsafe Conditions (Physical Hazards)	Unsafe Actions (Human Factors)	Fundamental Causes
☐ Inadequate illumination	☐ Bypassing safety devices	☐ Inadequate training
☐ Excessive noise	☐ Making safety devices inoperable	☐ Poor enforcement of work standards
☐ Radiation exposure	☐ Using defective equipment	☐ Lack of proper work procedures
☐ Inadequate ventilation	☐ Working to fast	☐ Improper job/task layout or design
☐ Hazardous substance	☐ Worker fatigued	☐ Inadequate supervision
☐ Hazardous atmosphere: gas, dust, fume, vapor, mist	☐ Unsafe operation of equipment or machines	☐ Inadequate job placement standards
☐ Fire or explosion hazard	☐ Failure to use PPE	☐ Inadequate hiring standards
☐ Inadequate warning signs	☐ Inadequate skill or knowledge	☐ Inadequate preventative maintenance program
☐ Improper material storage	☐ Improper lifting, lowering, or carrying	☐ Inadequate maintenance standards
☐ Unsafe working/walking surfaces (floors, ramps, stairways, platforms)	☐ Use of improper tools or equipment	☐ Improper layout or design
☐ Poor housekeeping	☐ Influence of drugs or alcohol	☐ Poor job planning methods
☐ Congested/crowded work area	☐ Physical limitation or mental attitude	☐ Unsafe design or construction
☐ Unsafe condition of machine	☐ Inattention/distraction	☐ Inadequate purchasing standards
☐ Defective tools or equipment	☐ Unsafe act of others	☐ Inadequate environmental control program
☐ Inadequate guards or protection	☐ Servicing equipment in motion	☐ Improper tools or equipment for the task
☐ Extreme temperature	☐ Emotionally upset, worried, or having personal problems	
☐ Handling excessive weight		

Immediate Corrective Actions
Describe Actions Already Taken:

Corrective Action Needed			
Action	Assigned To	Date	Comments/Date Completed