



# Accident Investigation/Root Cause Analysis

**Complete this report if the injured employee requires medical attention**

County \_\_\_\_\_ Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_ AM/PM

Employee \_\_\_\_\_ WSI Claim Number \_\_\_\_\_

Please indicate the location of the accident \_\_\_\_\_

What task was being performed, how did the accident happen, and explain the nature of the injury \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any tools, machinery, equipment, or PPE that was being used at the time of the accident \_\_\_\_\_

\_\_\_\_\_

Was the employee working alone? \_\_\_\_\_ Witness Name(s) \_\_\_\_\_

How much experience did the employee have in performing this task? \_\_\_\_\_

\_\_\_\_\_

**STEP 1—OBTAIN AND REVIEW physical evidence, employee/witness information, and paper evidence pertinent to the investigation.**

- Physical—photographs, drawings, equipment manuals
- Employee/Witnesses—statements, interviews, WSI First Report of Injury form
- Paper—policies, programs, training records, maintenance records, incident reports

**STEP 2—CONCENTRATE on the root causes (energy sources/hazardous materials/unsafe acts/unsafe conditions/management policies/personal factors/environmental factors).**

- Use the following listing as an aid for identifying the factors that led to the accident.
- Not limited by the categories listed (check all that apply).
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POLICIES/PROGRAMS		COMMUNICATION	
<input type="checkbox"/> Not Developed or Inadequate	<input type="checkbox"/>	<input type="checkbox"/> Insufficient Planning For Tasks	<input type="checkbox"/>
<input type="checkbox"/> Developed and Communicated	<input type="checkbox"/>	<input type="checkbox"/> Lack of Worker Communication	<input type="checkbox"/>
<input type="checkbox"/> Developed—Not Communicated	<input type="checkbox"/>	<input type="checkbox"/> Lack of Supervisor Instruction	<input type="checkbox"/>
<input type="checkbox"/> Developed-Not Followed/Enforced	<input type="checkbox"/>	<input type="checkbox"/> Sufficient Supervisor Instruction	<input type="checkbox"/>
<input type="checkbox"/> Developed—Not Understood	<input type="checkbox"/>	<input type="checkbox"/> Confusion After Communication	<input type="checkbox"/>
<input type="checkbox"/> Lack of Disciplinary Policy	<input type="checkbox"/>	<input type="checkbox"/> Fear of Retaliation	<input type="checkbox"/>
<input type="checkbox"/> Disciplinary Policy Not Enforced	<input type="checkbox"/>	<input type="checkbox"/> Work Team Breakdown	<input type="checkbox"/>

HAZARDS		BLOODBORNE PATHOGEN	
<input type="checkbox"/> Unidentified or Not Labeled	<input type="checkbox"/>	<input type="checkbox"/> Unaware/Aware of Air Borne Hazard	<input type="checkbox"/>
<input type="checkbox"/> Known But Not Corrected	<input type="checkbox"/>	<input type="checkbox"/> Stuck With Contaminated Needle	<input type="checkbox"/>
<input type="checkbox"/> Known But Not Reported	<input type="checkbox"/>	<input type="checkbox"/> Client Contact/Exposure	<input type="checkbox"/>
<input type="checkbox"/> Created by External Factors	<input type="checkbox"/>	<input type="checkbox"/> Inmate Contact/Exposure	<input type="checkbox"/>
<input type="checkbox"/> Known But Ignored	<input type="checkbox"/>	<input type="checkbox"/> Sharps Container Not Available	<input type="checkbox"/>
<input type="checkbox"/> Condition Changed Not Conveyed	<input type="checkbox"/>	<input type="checkbox"/> Improper Cleanup	<input type="checkbox"/>
<input type="checkbox"/> Equipment Repaired Deficiently	<input type="checkbox"/>	<input type="checkbox"/> Contaminated Waste Not Labeled	<input type="checkbox"/>
<input type="checkbox"/> PPE Not Adequate or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRODUCTIVITY FACTORS		WORK BEHAVIOR	
<input type="checkbox"/>	Heavy Workload	<input type="checkbox"/>	Shortcuts Taken
<input type="checkbox"/>	Tight Schedule To Complete Task	<input type="checkbox"/>	Deviations-Common, Allowed etc...
<input type="checkbox"/>	Long/Unusual Working Hours	<input type="checkbox"/>	Special Infrequent Task
<input type="checkbox"/>	Falsely Perceived Need to Hurry	<input type="checkbox"/>	Tool/Equipment Used Improperly
<input type="checkbox"/>	Staff Assistance Unavailable	<input type="checkbox"/>	History of Accidents/Incidents
<input type="checkbox"/>	Staff Assistance Inadequate	<input type="checkbox"/>	Disregard/Refused to Follow Procedure
<input type="checkbox"/>	Changes in Process	<input type="checkbox"/>	Staff Assistance Required
<input type="checkbox"/>	Was Employee Ill?	<input type="checkbox"/>	Horseplay
<input type="checkbox"/>	Medication, Drugs, Alcohol Factors	<input type="checkbox"/>	Repetitive or Physically Demanding
<input type="checkbox"/>	Double Shift	<input type="checkbox"/>	Going On/Coming Off Vacation

TRAINING		ENVIRONMENT	
<input type="checkbox"/>	Deficient Orientation Training	<input type="checkbox"/>	Weather/Temperature Factors
<input type="checkbox"/>	Deficient Job Specific Training	<input type="checkbox"/>	Poor Housekeeping
<input type="checkbox"/>	Insufficient Training for New Process or Task	<input type="checkbox"/>	Poor Lighting
<input type="checkbox"/>	Lack of Supervisor Follow-up or Reinforcement	<input type="checkbox"/>	Poor Visibility
<input type="checkbox"/>	Lack of Supervisor Training	<input type="checkbox"/>	Air Quality
<input type="checkbox"/>	Lack of Employee Training	<input type="checkbox"/>	Noise
<input type="checkbox"/>	Communication of Expectations	<input type="checkbox"/>	Lack of Visibility or no Warning Signs
<input type="checkbox"/>	Communication of Rules/Policy	<input type="checkbox"/>	Warning Signs Ignored
<input type="checkbox"/>	Hazards Overlooked in Training	<input type="checkbox"/>	Visible and Audible Alarms

Personal Protective Equip (PPE)		FACILITIES/EQUIPMENT	
<input type="checkbox"/>	Available	<input type="checkbox"/>	Poor Facility Design
<input type="checkbox"/>	Required	<input type="checkbox"/>	Poor/Faulty Equipment or Design
<input type="checkbox"/>	Required PPE Not Used/Worn	<input type="checkbox"/>	Poor Workstation Design
<input type="checkbox"/>	Trained On How To Use	<input type="checkbox"/>	Equipment Not Guarded
<input type="checkbox"/>	Adequate Fit	<input type="checkbox"/>	Equipment Repair Deficient
<input type="checkbox"/>	PPE Not Used Adequately	<input type="checkbox"/>	Lack of Preventative Maintenance
<input type="checkbox"/>	Poor Condition	<input type="checkbox"/>	Employee Lack of Knowledge
<input type="checkbox"/>	Adequate for Job Performed	<input type="checkbox"/>	Equipment Failure
<input type="checkbox"/>	Lack of Supervisor Enforcement	<input type="checkbox"/>	Inadequate Inspection Timelines

**STEP 3—IDENTIFY CAUSES, not blame someone.**

- From the categories identified above, circle the major cause or causes of the accident:

**POLICIES/PROCEDURES**

**TRAINING**

**FACILITIES/EQUIPMENT**

**BLOODBORNE PATHOGEN**

**COMMUNICATION**

**PRODUCTIVITY FACTORS**

**ENVIRONMENT**

**HAZARDS**

**WORK BEHAVIORS**

**PERSONAL PROTECTIVE EQUIP**

Comments Related to Investigation \_\_\_\_\_

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**STEP 4—ROOT CAUSE ANALYSIS**

<b>Why Did This Happen?</b> (Example: Fingers amputated in carriage)												
<b>WHY...?</b> (Example: Blocking mechanism not in place)												
<b>WHY...?</b> (Example: Not assigned role of employee...unable to ask a lot of questions of injured worker due to anger)												
<b>WHY...?</b> (Example: Had not been trained on lock out/tag out or blocking mechanism OR had not been disciplined for not blocking)												
<b>WHY...?</b> (Example: Persons not being held accountable for training or disciplining hazardous behavior)												
<b>How Can This Be Prevented?</b> (Example: Develop a safety policy, enforce safety policies, follow safety policies, develop training, additional training, etc.)												
<p><b>Steps For Corrective Action and Projected Completion Date:</b></p> <p><b>Engineering Controls</b>—Eliminate/reduce hazards through equipment redesign, enclosure, replacement, substitution, etc.  <b>Administrative Controls</b>—Eliminate/reduce frequency and duration of exposure through changes of work procedures and practices, scheduling, job rotation, breaks, training, or additional training etc.  <b>Personal Protective Equipment</b>—for personal use that presents a barrier between worker and hazard.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 5%; padding-left: 0;">1)</td> <td style="width: 85%;"></td> <td style="width: 10%; text-align: right;">Est. Completion Date _____</td> </tr> <tr> <td>2)</td> <td></td> <td style="text-align: right;">Est. Completion Date _____</td> </tr> <tr> <td>3)</td> <td></td> <td style="text-align: right;">Est. Completion Date _____</td> </tr> <tr> <td>4)</td> <td></td> <td style="text-align: right;">Est. Completion Date _____</td> </tr> </table>	1)		Est. Completion Date _____	2)		Est. Completion Date _____	3)		Est. Completion Date _____	4)		Est. Completion Date _____
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2)		Est. Completion Date _____										
3)		Est. Completion Date _____										
4)		Est. Completion Date _____										

**The following persons have participated in the accident investigation and root cause analysis and are aware of the findings:**

<b>Risk Manager</b>	<b>Date</b>	<b>Witness</b>	<b>Date</b>
<b>Supervisor</b>	<b>Date</b>	<b>Witness</b>	<b>Date</b>
<b>Employee</b>	<b>Date</b>	<b>Witness</b>	<b>Date</b>

Pursuant to CEG Policy, a First Report of Injury (FROI) must be completed and filed with in 24-hours. FAX this accident investigation report to Jennifer (NDA Co) within four business days (701-328-7308).

**QUESTIONS? Please contact your Risk Manager or Jennifer (NDA Co) 701-328-7329 (PHONE)**