

STATE EMPLOYEE INCIDENT/ACCIDENT INVESTIGATION FORM - DA2000

MANAGEMENT SECTION

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT: _____
17. POSITION/TITLE: _____
18. IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION? ____Y ____N
19. WAS EQUIPMENT INVOLVED? ____Y ____N (If no, skip to question 20) STATE-OWNED? ____Y ____N
- A. TYPE OF EQUIPMENT: _____
- B. IS THERE A JSA FOR EQUIPMENT? ____Y ____N C. DATE LAST JSA PERFORMED: _____
20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED? ____Y ____N
21. DID INCIDENT INVOLVE SAME INDIVIDUAL? ____Y ____N
22. SAME LOCATION? ____Y ____N
23. WAS THE SCENE VISITED DURING THE INVESTIGATION? ____Y ____N
- A. DATE & TIME: _____ B. ARE PICTURES AVAILABLE? ____Y ____N
- C. IF NO, REASON FOR NOT VISITING: _____

ROOT CAUSE ANALYSIS

UNSAFE ACT (PRIMARY): Failure to comply with policies/procedures Failure to use appropriate equipment/technique Inattentiveness
 Inadequate/lack of JSA/standards Incomplete or no policies/procedures Inadequate training on policies/procedures Inadequate adherence of policies/procedures

Other (specify) _____

Detailed explanation of checked box _____

WHY WAS ACT COMMITTED:

UNSAFE CONDITION (PRIMARY): Inappropriate equip/tool Inadequate maintenance Inadequate training Wet surface
 Worn/broken/defective building components Broken equipment Inadequate guard Electrical hazard Fire Hazard

Other (specify) _____

Detailed explanation of checked box _____

WHY DID CONDITION EXIST:

CONTRIBUTORY FACTORS (IF ANY):

IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:

LONG RANGE ACTION TO BE TAKEN:

WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE: