

INVESTIGATIVE REPORT

IIPP – 5B

DATE OF INCIDENT: _____

DATE OF INVESTIGATION REPORT: _____

INCIDENT COST: ESTIMATED: \$ _____ ACTUAL: \$ _____

OSHA RECORDABLE: ☐ YES ☐ NO RESTRICTED DUTY: _____ LOST TIME: _____

INCIDENT EVENT

<Brief Description>

Refer to Incident Report for complete description of follow-up events and witness statements.

CAUSE ANALYSIS

<Brief Overview>

Was the activity addressed in the Code of Safe Work Practices? ☐ YES (Attach a copy) ☐ NO ☐ N/A

IMMEDIATE CAUSES – WHAT ACTIONS AND CONDITIONS CONTRIBUTED TO THIS EVENT? (USE NEXT PAGE)

1. <List>

2.

BASIC CAUSES – WHAT SPECIFIC PERSONAL OR JOB FACTORS CONTRIBUTED TO THIS EVENT? (USE NEXT PAGE)

1. <List>

2.

CORRECTIVE ACTION PLAN

REMEDIAL ACTIONS - WHAT HAS AND OR SHOULD BE DONE TO CONTROL EACH OF THE CAUSES LISTED? INCLUDE MANAGEMENT PROGRAMS FOR CONTROL OF INCIDENTS IF APPLICABLE.

ACTION	PERSON RESPONSIBLE	TARGET DATE	COMPLETION DATE
1.			
2.			

PERSONS PERFORMING INVESTIGATION

INVESTIGATOR'S NAME: _____ SIGN: _____ DATE: 11/15/01

INVESTIGATOR'S NAME: _____ SIGN: _____ DATE: _____

MANAGEMENT REVIEW

AREA MANAGER: _____ SIGN: _____ DATE: _____

SAFETY COORDINATOR: _____ SIGN: _____ DATE: _____

NOTE: Attach additional information as necessary. Supervisor to forward copy of Investigation Report to the SR&S Department ASAP, but no later than 72 hours after the incident.