RMU Incident Investigation and Report Form



Instruct	ions	Fill in for	m by click	ing on fields to ent	er data. S	ave file	and	print fo	or proper	distribution.	
SECTION I.	INC	NCIDENT INFORMATION									
Date of Incident (m/d/y)	Tim	Time of Incident AM PM Location of Incident: (Be specific to building, room, area, or location on premises ex. ISC Dome, Practice Range North Stair to mezzanine)						nises ex. ISC, Golf			
Incident Investigation / Report completed by (Employee or Department Supervisor name):											
Witness(es) to Incident:		ame/phone number									
	Nam	ame/phone number									
SECTION II. INJURED PERSON DETAILS											
I Age· () I							Home Ph: Cell Ph:				
Address:											
Person Injured Is:											
RMU Employe	ee C	Department: Position:									
		Full-Time Part-Time Casual Student Emp. Other Describe:									
RMU Student		Was Person Involved In: League Sporting Event Other									
	E	Explain event:									
☐Visitor / Guest		Release / Waiver Signed? Yes (forward copy with report) No									
		Equipment Involved in Incident? Owned by RMU Owned by other Describe equipment:									
SECTION III						0.1.1			./ \		
Nature of Injury		Bruising ☐ Scratch/Abrasion		☐ Dislocation☐ Internal	Needle		LIST	Body P	art(s) Injui	r ea:	
Strain/Sprain		Amputation		Foreign Body							
Laceration/Cut		Burn/Scald		Chemical Reaction	Other Explain here:						
Treatment:											
□None											
First Aid	Other Explain:										
SECTION IV	. D	AMAGED	PROPER	ΤΥ							
Name of Property, Equipment or Material Damaged:											
Description of Damage:											
Cause of Incident / Damage:											
SECTION V: DESCRIPTION OF INCIDENT											
Describe in detail what happened (attach photographs or diagrams if necessary):											

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SECTION VI: ROOT CAUSE ANALYSIS (Check All That Apply)										
Unsafe Acts	Unsafe Conditions	Management Deficiencies								
☐ Improper work technique	Poor workstation design or layout	☐ Lack of written procedures or policies								
Safety rule violation	Congested work area	Safety rules not enforced								
☐ Improper PPE or PPE not used	☐ Hazardous substances	Hazards not identified								
Operating without authority	Fire or explosion hazard	PPE unavailable								
Failure to warn or secure	☐ Inadequate ventilation	Insufficient worker training								
Operating at improper speeds	☐ Improper material storage	Insufficient supervisor training								
By-passing safety devices	☐ Improper tool or equipment	☐ Improper maintenance								
Guards not used	☐ Insufficient knowledge of job	☐ Inadequate supervision								
☐ Improper loading or placement	Slippery conditions	☐ Inadequate job planning								
☐ Improper lifting	Poor housekeeping	☐ Inadequate hiring practices								
Servicing machinery in motion	Excessive noise	☐ Inadequate workplace inspection								
Horseplay	☐ Inadequate guarding of hazards	☐ Inadequate equipment								
Drug or alcohol use	☐ Defective tools/equipment	☐ Unsafe design or construction								
Unnecessary haste	☐ Insufficient lighting	Unrealistic scheduling								
Unsafe act of others	☐ Inadequate fall protection	Poor process design								
Other: Explain	Other: Explain	Other: Explain								
type of personal protective equipment was being worn-gloves, safety glasses, goggles, mask, etc.?):										
SECTION VII: PREVENTIVE OR CORRECTIVE ACTIONS										
Describe the actions that will be taken	to prevent recurrence:									
Explain	Responsible pe	Date to be completed by:								
Explain	Responsible pe	Date to be completed by:								
SECTION VIII: SIGNATURES (Document must be printed and signe	d)								
Employee / Person Involved: Print name:	Sign Here:	Date:								
Department Supervisor / Manager: <i>Print name:</i>	Sign Here:	Date:								
SECTION IX: DISTRIBUTION										
Send completed report to: (include all attachments)										
SECTION X: OFFICIAL USE ONLY										
Date r	received Recorded in database	Date								