

# Incident Investigation Procedures

The questions guide the analysis in order not to miss any aspect of the phenomena description.

	Detail	Description	Example
What	What thing or product did you see the problem on?	Any variation due to production materials? Any materials differences? Differences among lots? Any variation due to different part dimensions, shapes?	Material, Product Number, Lot Number, Component Name
When	When did the problem occur?	Any variation related to time or period? Does the problem occur at the start of work? in the middle? During which operations is the problem apt to occur? Is the problem likely to occur after set-up changes?	Start/End Date, Shift, Time, Event (Is this problem happening on one, two or all shifts? After Start Up? Changeover? Etc.)
Where	1. Where did you see the problem? (Line/Machine/Location) 2. Where on the work or material did you see the problem?	Any variation due to equipment, fixtures, components? In what process / what machine elements does the problem occur? Any differences among different equipment, machine types? Any variation associated with different flgs, fixtures?	(Line# / Equipment / Component, Location, Process)
Who	Is the problem related to skill? (Skill dependent or independent)	Any variation among people involved in the operation? Any morning/day/night shift differences? Any differences among new operators, floaters, temporary staff?	If the problem occurs for only certain skills levels (i.e. mechanics, operators, temps), shifts and/or experience levels, it is skill dependent. Skill independent - it could happen to anyone.
Which	1. Which trend (pattern) did you see the problem have? 2. Is the trend random or is there a pattern?	Are there any characteristic trends over time? Does it appear at regular or irregular intervals? Do problems increase or decrease? Any changes before or after?	Random: Can happen anytime. Periodic: the problem occurrence is predictable (after start-ups, changeovers, only when it is 100 deg., etc.) Continuous: The problem occurs uninterrupted in time or sequence
How	How is the state different from normal condition?	Any variation in circumstances of occurrence? State as exactly as you can the difference from ideal (e.g. is the carton crunched, torn, punctured, etc?)	(Describe the abnormality - bent, sheared, crushed, rusted, spilled, lost material, not delivered, etc.)

## Safety Incident Investigation Form Information Gathering and Problem Statement

### Incident Details

### Information Gathering

Information Gathering should commence within 24 hours of the date of the incident.

If incident was over-the-road and a police report was issued, attach to this form to provide additional incident details.

#### **Who**

Who was injured?

Who was directly involved?  
(you must interview this person)

Who else was in the work area at the time of the incident?  
(you must interview this person)

#### **Where**

Where did the incident occur?

Did the incident happen in a Plant, Warehouse, Customer  
Location, While Driving, While Parked, etc.?

What was the specific location where the incident  
occurred? (i.e. "top of the palletzier, "pick aisle", "customer  
received dock")

#### **When**

When did the incident occur?

What was the "absolute" when? (Tuesday at 9:30am)

What was the "relative" when? (After break, start of shift,  
before change over, at start-up, shutdown, during  
maintenance activities, time into shift, etc.)

**Employee Conditions**

*Employee Hire Date or length of service.*

*Duration of employee in his current role.*

*List any relevant trainings and training dates that the injured employee received.*

*Review relevant driver documents (DQ File, eHOS, etc.) if the incident did not involve a 3rd party.*

**Activity History**

*Describe any other incidents that have occurred while performing this task.*

*List any near misses that have occurred in the past. When did these occur and how often?*

**Additional Information / Facts**

*Describe any other factors that are relevant to the incident.*

**Problem Statement**

**Based on the information collected above, write a "problem statement" or a "what happened" statement.**

Who  
What  
Where  
When

## Safety Incident Investigation Form Establishing Causes

### Causal Factors

Based on the "Information Gathering" and "Problem Statement", select the most critical factor, as applicable, for each of the boxes below.  
Please note: All the boxes may not have a factor, but you must have at least ONE factor in order to complete a 5-Why.

What man, employee, or behavioral factor contributed to this incident?

What method, work, task or activity factor contributed to this incident?

What material, tool or chemical factor contributed to this incident?

What machine, equipment, factor contributed to this incident?

What management factor or workplace condition contributed to this incident?

What environmental factor or workplace condition contributed to this incident?

### Analysis

For each factor above that is validated, perform a 5-Why analysis to determine basic cause.

**Man Factor:**

\_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

**Method Factor:**

\_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

**Material Factor:**

\_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

**Machine Factor:**

\_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

**Management Factor:**

\_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

**Environmental Factor:**

\_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

### Basic Causes (Determined by using 5 Why Method)

List the bottom or final "why" of each factor determined above.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_



## Safety Incident Investigation Form Basic Cause and Corrective Actions

### Basic Cause(s) of Incident

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____



Use the hierarchy of control to select appropriate corrective actions in the spaces below.

For each Basic Cause identified, use the space below to select Short-Term and/or Long-Term Corrective Actions.  
Please note that all Basic Causes MUST have a Long-Term Corrective Action.

### Corrective Action (sustainable, systematic actions taken to prevent incident from occurring in the future)

Basic Cause #	Type of Control	Action	Timing	Who	Date of Completion
1					
2					
3					
4					
5					
6					

If Corrective Action cannot be implemented immediately, what INTERIM Corrective Actions are put in place to minimize likelihood for recurrence

Basic Cause	Type of Control	Action	Timing	Who	Date of Completion
1					
2					
3					
4					
5					
6					

### Continuous Improvement and Reapplication

Item #	Reapplication Action Item	Due Date	Reapplication Area
1			
2			
3			
4			
5			
6			