BELFI BROTHERS
Incident Investigation Report

Facility Location:			Work Comp. No.:
Accident Location:			OSHA No.:
Employee Name:			Social Security #:
Date of Injury:	Date Reported:		Date Investigated:
Shift:	Time: ☐ a.m. ☐ p.m.		Indicate when accident occurred: ☐ 1st hour ☐ Between 2nd & 8th hour ☐ Over the 8th hour
Employee's Usual Job Title:			Job at Time of Accident:
Length of time on job when accident occurred: ☐ In training ☐ Less than 1 year ☐ Over 1 year			Consecutive days worked prior to accident:
Name and address of hospital:			Name and address of Physician:

OSHA Class:

☐ Loss of consciousness ☐ Reconstruction of work ☐ Temporary job transfer ☐ Permanent job transfer ☐ Employee termination ☐ None

Category:	Recordable Injury:	Recordable Illness:
☐ Property Loss ☐ Incident ☐ Minor Injury	☐ Nonrestricted ☐ Restricted ☐ Lost workday case ☐ Fatality	☐ Acute ☐ Chronic

Describe in detail how the accident occurred:

ANALYSIS OF INCIDENT

BASIC CAUSES:

☐ Lack of Knowledge	☐ Engineering	☐ Lack of Accountability
☐ Employee Placement	☐ Inadequate personal protective equipment	☐ Unsafe Method
☐ Not enforcing safe practices	☐ Purchasing inadequate / inferior equipment	☐ Inadequate Inspection / maintenance program

REMEDIAL ACTION PLAN

Corrective Action to be Taken	Responsibility	To Be Completed	Date Completed

ACCIDENT TYPE

- ☐ Fall from Elevation
- ☐ Fall, Same Level
- ☐ Slip or Trip (no fall)
- ☐ Struck Against Object
- ☐ Struck by Object
- ☐ Caught In, Under, Between
- ☐ Overexertion / Strain
- ☐ Motor Vehicle

CONTACT WITH / CONTACTED BY

- ☐ Chemicals
- ☐ Electricity
- ☐ Temperature Extremes
- ☐ Noise
- ☐ Radiation
- ☐ Insect Bite
- ☐ Glass
- ☐ Other

DESCRIPTION OF INJURY / ILLNESS

SEVERITY

- 01 ☐ Alleged
- 02 ☐ Reported
- 03 ☐ First-Aid
- 04 ☐ Medical Only
- 05 ☐ Lost time - restricted work
- 06 ☐ Lost time - away from work
- 07 ☐ Fatality

BODY PART AFFECTED ☐ R ☐ L

- 08 ☐ Head
- 09 ☐ Eye(s)
- 10 ☐ Ear(s)
- 11 ☐ Face
- 12 ☐ Neck
- 13 ☐ Truck/Torso
- 14 ☐ Shoulder(s)
- 15 ☐ Chest
- 16 ☐ Back/Spine
- 17 ☐ Abdomen/Groin
- 18 ☐ Hip
- 19 ☐ Upper Extremities
- 20 ☐ Upper Arm
- 21 ☐ Elbow
- 22 ☐ Foreman
- 23 ☐ Wrist
- 24 ☐ Hand
- 25 ☐ Finger(s)
- 26 ☐ Lower Extremities
- 27 ☐ Thigh
- 28 ☐ Knee
- 29 ☐ Shin/Calf
- 30 ☐ Ankle
- 31 ☐ Foot
- 32 ☐ Toe(s)
- 33 ☐ Body Systems
- 34 ☐ Circulatory
- 35 ☐ Respiratory
- 36 ☐ Other

NATURE OF INJURY

- 37 ☐ Amputation / Avulsion
- 38 ☐ Fracture / Dislocate / Crush
- 39 ☐ Cut / Scrape / Puncture / Sting
- 40 ☐ Bruise / Contusion
- 41 ☐ Foreign Object
- 42 ☐ Irritation
- 43 ☐ Hernia / Rupture
- 44 ☐ Sprain / Strain
- 45 ☐ Burn / Chemical
- 46 ☐ Burn / Thermal / Electrical
- 47 ☐ Heat Stress / Sunstroke
- 48 ☐ Suffocate / Asphyxiate (lack of oxygen)
- 49 ☐ Concussion / Unconscious
- 50 ☐ Poisoning - Acute

NATURE OF ILLNESS

- 51 ☐ Skin disease or disorder
- 52 ☐ Dust disease of the lung(s)
- 53 ☐ Respiratory (toxin agents)
- 54 ☐ Poisoning (chronic)
- 55 ☐ Physical agents (radiation, etc.)
- 56 ☐ Repeated trauma (noise, CTD's, etc.)
- 57 ☐ Other illness (heart condition, etc.)

CAUSAL FACTORS

EMPLOYEE

- 58 ☐ Physical limitation
- 59 ☐ Deficient in skill / ability
- 60 ☐ Drugs / Alcohol
- 61 ☐ Lack of alertness
- 62 ☐ Failure to follow written procedure
- 63 ☐ Confined space entry
- 64 ☐ Lockout / Tagout
- 65 ☐ Failure to follow oral instructions
- 66 ☐ Failure to use protective equipment
- 67 ☐ Operating without authority
- 68 ☐ Taking an unsafe position
- 69 ☐ Unsafe speed (short cut)
- 70 ☐ Improper use of tool/equip/ material
- 71 ☐ Use of incorrect tool/equip/ material
- 72 ☐ Improper manual handling

SUPERVISION

- 73 ☐ Incorrect/incomplete procedures/instructions
- 74 ☐ Rules/procedures not enforced
- 75 ☐ Inadequate training of employee(s)
- 76 ☐ Proper tools/equipment not provided
- 77 ☐ Deficient storage/handling practices
- 78 ☐ Inadequate housekeeping
- 79 ☐ Rush by supervisor

EQUIPMENT / MATERIALS

- 80 ☐ Defective equipment / tools / material
- 81 ☐ Inadequate or missing guards
- 82 ☐ Inadequate or bypassed safety devices
- 83 ☐ Inadequate maintenance/equipment/inspection
- 84 ☐ Inadequate lighting
- 85 ☐ Inadequate ventilation
- 86 ☐ Inadequate design/layout (congestion)
- 87 ☐ Inadequate fabrication / installation

OTHER

- 88 ☐ Horseplay/distraction by fellow employee
- 89 ☐ Error by fellow employee
- 90 ☐ Equipment/material(s)/actions of 3rd party
- 91 ☐ Upset conditions (fire/explosion/spill, etc.)
- 92 ☐ Exposure to chemical/physical/bio/ agents
- 93 ☐ Weather (rain/snow/ice/wind)
- 94 ☐ Company sponsored activity
- 95 ☐ Glass
- 96 ☐ Other

Does a Job Safety Analysis (JSA) exist for this Job? ☐ Yes ☐ No

Was the JSA discussed with the employee prior to the accident? ☐ Yes ☐ No

Explain: _____

_____

_____

_____

Employee's Department _____	Supervisor's Signature _____	Date: _____
	Department MGR: _____	Date: _____
	Safety Manager: _____	Date: _____
	Plant Manger: _____	Date: _____
	Employee Signature: _____	Date: _____