

Caltech INCIDENT REPORT FORM

The purpose of this Incident Report is to prevent or minimize similar future incidents. It is also an important step for correcting whatever led to the incident that can be considered a continuous process improvement tool. See next page for Incident Report Instructions.

ACCIDENT / NEAR MISS / HAZARD DESCRIPTION (Check all that apply)				
<input type="checkbox"/> ACCIDENT		<input type="checkbox"/> NEAR MISS		<input type="checkbox"/> WORKPLACE HAZARD
Occurred:	DEPT / DIV:	Location:	Supervisor/Faculty Name:	Reported to Supervisor:
Date:				Date:
Time: am / <u>pm</u>				Time: am / pm
Describe the accident / near miss / hazard: Provide any contributing events and circumstances, work activity, procedures or work instructions that may apply. Attach additional worksheets, drawings, or photographs for clarification if applicable.				
Root Cause(s)/Contributing Factor(s):				
Corrective Action(s):				
<input type="checkbox"/> Completion of Corrective Action(s)				

Attachments? Describe: (Worksheet, drawing, photo...)

Additional Comments/Notes:

INCIDENT REPORT FORM INSTRUCTIONS

Check the box and complete each area of the report that apply for an ACCIDENT, NEAR MISS, or WORKPLACE HAZARD. This is about what, in order to prevent future incidents.

DESCRIPTION

1. **Accident** – An unplanned event that results in personal injury or property damage.
2. **Near Miss** – An event that does not, but could potentially result in a personal injury, property damage, or environmental harm.
3. **Workplace Hazard** – A source of potential danger.
4. **Occurred** – The date and time the incident occurred.
5. **DEPT/DIV** – The Department(s) / Division(s) involved.
6. **Location** – The location of the incident (building, work area, room number, etc.).
7. **Supervisor/Faculty Name** – Name of the supervisor or faculty member responsible for the area in which the incident occurred.
8. **Reported to Supervisor** – The date and time the incident was reported to Supervisory personnel.
9. **Describe the Incident** – Provide as much detail as possible when describing the actual events, personnel, and equipment involved. Photographs, drawings, additional sheets, witness statements, etc. may be helpful.
10. **Root Cause(s)/Contributing Factor(s)** – Specify what cause(s) or contributing factor(s) played a role in the incident.
11. **Corrective Action(s)** – What engineering controls, administrative controls, or personal protective equipment can be utilized to prevent reoccurrence or reduce the mishap severity or frequency? Ask: Are updates to SOPs or written procedures needed?
12. **Completion of Corrective Action(s)** – Check the box once the corrective actions identified have been completed and/or implemented in the workplace. In general, this **should be within 30 days of the incident** unless otherwise instructed by EH&S.
13. **Questions?** – Contact your EH&S Safety Engineer or safety@caltech.edu with any questions you may have, or assistance needed to complete the Incident Report Form.