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| Employee Name: | Click here to enter text. | |
| Incident Date: | Click here to enter a date. | |
| Incident Number (if applicable): | Click here to enter text. | |
|  | | |
| **Causal Factors Determination** | | |
| For every causal factor item checked “No” below, identify an action to prevent recurrence. | | |
| **Causal Factors** | | **Acceptable/Safe** |
| **Tools & Equipment Factors** | |  |
| 1. Were the correct tools/equipment (including PPE) **specified** for the job task? | | Yes No  N/A |
| 1. Were the correct tools/equipment (including PPE) for the job **available**? | | Yes No  N/A |
| 1. Were the correct tools/equipment (including PPE) **used**? | | Yes No  N/A |
| 1. Were the tools/equipment (including PPE) **used correctly**? | | Yes No  N/A |
| 1. Were the tools/equipment (including PPE) in **safe condition**? | | Yes No  N/A |
| **Procedures & Work Practices Factors** | |  |
| 1. Is there a written procedure or established work practice for the job task involved? | | Yes No  N/A |
| 1. Does this procedure/work practice communicate the relevant hazards associated with the task and contain appropriate control measures to reduce the potential for injury? | | Yes No  N/A |
| 1. Was the safe work procedure/work practice **known and understood** by all the employee(s) involved in the incident? | | Yes No  N/A |
| 1. Was the safe work procedure/work practice **followed** by the employee(s)? | | Yes No  N/A |
| 1. Do production demands and workflow allow the safe work procedure to be followed? | | Yes No  N/A |
| **Environment Factors** | |  |
| 1. Were work environment conditions safe for the job to be performed? | | Yes No  N/A |
| 1. Were housekeeping and orderliness conditions adequate? | | Yes No  N/A |
| 1. Were other environmental conditions (e.g., illumination, noise levels, air contaminants, temperature, ventilation, vibration levels, etc.) adequate for work to be performed in a safe manner? | | Yes No  N/A |
| 1. Was the unsafe environmental condition **recognized** by the affected employees? | | Yes No  N/A |
| 1. Was the unsafe environmental condition **corrected and/or** **reported** by the affected employees? | | Yes No  N/A |
| **People Factors** | |  |
| 1. Were behaviors/work practices by the affected employees considered safe? | | Yes No  N/A |
| 1. Were the employees involved trained in how to safely conduct this task? | | Yes No  N/A |
| 1. Did the employees involved have adequate experience in conducting this task? | | Yes No  N/A |
| 1. Were the employees involved physically capable of performing the job task(s)? | | Yes No  N/A |
| 1. Were the affected employees free from any **signs or symptoms of impairment**? | | Yes No  N/A |
| 1. Were the affected employees free from any **distractions** (such as wearing ear buds, cell phone use, or personal issues) that would inhibit their ability to safely perform their job? | | Yes No  N/A |
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| **Management Systems Factors** | |  |
| 1. Have formal inspection/observations been completed **consistently** to detect the at-risk behaviors and/or unsafe conditions involved in this incident? | | Yes No  N/A |
| 1. Have previous inspections/observations **identified** any at-risk behaviors and/or unsafe conditions that could have contributed to this incident? | | Yes No  N/A |
| 1. If previous inspections/observations identified at-risk behaviors and/or unsafe conditions, were appropriate **corrective actions implemented** to prevent recurrence? | | Yes No  N/A |
| 1. If corrective actions were implemented, were these measures **effective**? | | Yes No  N/A |
| 1. Is there adequate supervision of employees performing the job task(s) involved in this incident? | | Yes No  N/A |
| 1. Does department management consistently **recognize and reward** safe work behaviors that may have prevented this incident? | | Yes No  N/A |
| 1. Does department management consistently and appropriately enforce **disciplinary action** for at risk behaviors? | | Yes No  N/A |

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| **Actions to be Taken** | | |
| For every causal factor checked “No” above, enter a follow-up action that will help prevent recurrence. | | |
| **Follow-up Action** | **Target Completion Date** | **Responsible Person** |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. |
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| **Form Prepared By:** | Click here to enter text. |
| **Preparer’s Signature:** |  |
| **Submission Date:** | Click here to enter a date. |